



**Student Financial Services**

1 South Boulevard, Nyack, NY 10960  
 1-800-799-6248 \* 845-358-7016 (fax)  
[www.nyack.edu/sfs/rockland](http://www.nyack.edu/sfs/rockland)

**2008-2009 Professional Judgment**

Nyack College realizes that students and their families may experience unforeseen circumstances and/or expenses during the academic year 08-09, which may not be reflected on the FAFSA (Free Application for Federal Student Aid). This form is designed to address the possible need for additional **FEDERAL** assistance as a result of these expenses and/or unusual circumstances through a process called a 'Professional Judgment'.

- Federal Financial Aid regulations state that the Institution's decision to perform a Professional Judgment on a student's and/or parent's income must be made on a case-by-case basis, justified by an individual student's unusual circumstances, and must be documented in the student's file.
- Students appealing for a Professional Judgment will be expected to provide **ALL** required documentation. Additional documentation supporting your particular situation may be submitted by the student and/or requested by the office of Student Financial Services.
- You must complete this form and attach **ALL** applicable documentation to be considered for a Professional Judgment at Nyack College.
- Renewal of the Professional Judgment is **NOT** automatic. If this request for a Professional Judgment is approved, it is granted **ONLY** for the 2008-2009 academic year.

To complete an appeal, fill in all blanks, attach the requested documents, sign and date this form on the back. Submit this form to the office of Student Financial Services and allow at least 2 weeks for processing time. You will be notified of the decision by mail, e-mail or phone.

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail (one you check regularly): \_\_\_\_\_

**1. REASON FOR INCOME REDUCTION (check those that apply):**

REASON FOR CHANGE IN INCOME	DATE	RELATIONSHIP TO STUDENT
<input type="checkbox"/> Loss/Change In Employment Status Of Parent Or Student		
<input type="checkbox"/> Divorce/Separation/Death Of Parent Or Spouse		
<input type="checkbox"/> Loss Of Untaxed Income Of Parent Or Student		
<input type="checkbox"/> Disability Of Parent Or Student		
<input type="checkbox"/> Unusual Medical Expenses Not Covered By Insurance		
<input type="checkbox"/> Other Unusual Expenses Briefly Describe: _____		

**PLEASE COMPLETE THE OTHER SIDE**

## 2. REQUIRED DOCUMENTATION FOR PROFESSIONAL JUDGEMENT APPEAL:

**LOSS/CHANGE IN EMPLOYMENT STATUS OF PARENT OR STUDENT**

- \_\_\_ Letter of explanation (signed and dated)
- \_\_\_ Letters from prior employers, stating termination dates and 2007/2008 earnings to date (signed and dated)
- \_\_\_ Letters from current employers, stating expected earnings for 2007 (signed and dated)
- \_\_\_ Copy of last pay stub for each job held during 2007/2008
- \_\_\_ Copy of signed 2007 Federal 1040 Income Tax Returns and W2 forms of student and/or parent(s)
- \_\_\_ Complete expected income worksheet below
- \_\_\_ Other: \_\_\_\_\_

**DIVORCE/SEPARATION/DEATH OF PARENT OR SPOUSE**

- \_\_\_ Letter of Explanation (signed and dated)
- \_\_\_ **Divorce:** Copy of divorce decree
- \_\_\_ **Separation:** Copy of the legal separation document or a signed statement from attorney showing date of separation or a notarized statement from an unrelated third party
- \_\_\_ **Death:** Death Certificate or a notarized statement from an unrelated third party
- \_\_\_ Copy of signed 2007 Federal 1040 Income Tax Returns and W2 forms of student and/or parent(s)

**LOSS OF UNTAXED INCOME OF PARENT OR STUDENT**

- \_\_\_ Letter of Explanation (signed and dated)
- \_\_\_ Copy of a letter from the agency that provided the benefits, detailing termination of benefits and copies of summaries of benefits

**DISABILITY OF PARENT OR STUDENT**

- \_\_\_ Letter of Explanation (signed and dated)
- \_\_\_ Medical documentation of disability and of any benefits received as a result of the disability.
- \_\_\_ Income from all sources for 2007/2008

**UNUSUAL MEDICAL EXPENSES NOT COVERED BY INSURANCE**

- \_\_\_ Letter of Explanation (signed and dated)
- \_\_\_ A copy of 'Schedule A' of the 2007 Federal 1040 Income Tax Returns or canceled checks or receipts showing amount paid, with statement(s) from insurance company showing expenses were not reimbursed.

**OTHER UNUSUAL EXPENSES NOT COVERED ABOVE**

- \_\_\_ Letter of explanation and supporting documentation

## 3. 2008 EXPECTED GROSS INCOME WORKSHEET

Complete this worksheet and use student and/or parent expected income for the year 2008.

(If the answer is '0' or the question does not apply enter 0)

Income	Student or Spouse	Parents or Stepparents
<b>INCOME FROM JANUARY 1, 2008 TO TODAY</b>		
-Wages, Salaries	\$	\$
-Other Taxable Income	\$	\$
-Child Support	\$	\$
-Other Untaxed Income	\$	\$
-Unemployment benefits	\$	\$
<b>ANTICIPATED INCOME FROM TODAY TO DECEMBER 31, 2008</b>		
-Wages, salaries	\$	\$
-Other Taxable Income	\$	\$
-Child Support	\$	\$
-Other Untaxed Income	\$	\$
-Unemployment benefits	\$	\$
<b>TOTAL EXPECTED 2008 GROSS INCOME</b> _____	<b>\$</b>	<b>\$</b>

I certify that all the information reported on this request for Professional Judgment is true and complete to the best of my knowledge. I also give authorization to Nyack College to make any necessary changes to my Federal Student Aid Report.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_