

Request for Professional Judgment
Cost of Attendance Budget Adjustment

Please Read: Students may submit requests to increase their cost of attendance in their budget, resulting in increased eligibility for Grad PLUS loans. Requested adjustments must be reasonable and supported by required accompanying documentation. Budget increases are rare and reviewed on a case by case basis. Decisions are made by the Financial Aid Office are final.

Applicant (printed) _____ Student ID Number _____
Semester: SPRING SUMMER FALL Year 20____ Award Year : 20____/20____

SECTION I- ONE-TIME REQUESTS

Complete section that applies to your specific situation. Enter the \$ not currently covered in your COA. (choose one)

Unforeseen Moving Expenses: I paid more than the estimated amount for cost of living due to moving/relocation or an unexpected change in living circumstance. (Not considered: Normal cost of living expenses such as rent, utilities, cable)

- Provide copies of receipts for moving, security or utility deposits, lodging or airline tickets for relocation, moving equipment rentals, and copy of signed lease with students name

Family Emergency: I paid for travel and/or lodging for an unexpected family emergency such as a death, funeral expenses, family member falling ill, or natural disaster such as a fire or flood

- Provide documentation to substantiate the emergency such as a physician's statement, death certificate, receipts for payments for funeral expenses, lodging and travel

Unforeseen Medical Expenses: I have extraordinary healthcare expenses that are not covered by insurance, or by other sources due to a sudden disability, short term medical emergency or medical issues. (Not considered: costs for health insurance premiums, expenses covered by insurance or others, and elective medical procedures)

- Provide copies of dated medical bills, explanation of benefits, and receipts paid out of pocket by the student. The billing statement must indicate the amount paid by insurance and the students name

Professional Licensure Exam Fees: I paid for bar prep through Barbri and/or paid for the bar exam. **Maximum consideration is \$1,500**

- Receipt listing professional licensure examination or bar prep with verification of payment with dates.

Computer Purchase: I purchased a computer or tablet. (Only one computer/equipment purchase adjustment is allowed during your program(s) **Maximum consideration is \$1,500**

- Provide dated receipt of purchase for computer or tablet

COVID-19: I was impacted by COVID-19, including but not limited to: death of a family member, loss of dependent, loss of employment, etc. **Maximum consideration is \$1,500**

- Provide proof of termination resulting from COVID-19, proof of dependents (tax return), proof of denied unemployment

Explanation-Use this space to explain the details of your situation

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SECTION II- ANNUAL REQUESTS

Requests Considered each Academic Year (Up To \$2,500 per semester):

_____ **Health Insurance Coverage:** *I am paying out of pocket for my own health insurance coverage.*
 (Not considered: Premiums paid for spouse and/or children)

- Provide insurance card with students name and documentation reflecting the health insurance premium paid during the current or previous semester

_____ **Child Care for Dependent Children:** *I am paying out of pocket for child care expenses for my custodial children.*
 (Not considered: child care paid for children not listed in the students household on the FAFSA, or for children over the age of 13) Maximum \$5,000 per academic year

- Child care provider statement or invoice
- Proof of payment showing payment receipt or statement(s) with dates.

Name of the dependent child(ren):

_____	_____	_____
Last	First	Age
_____	_____	_____
Last	First	Age

Provider Name: _____ Provider Phone Number: _____

Provider Address: _____

Explanation-Use this space to explain the details of your situation

CERTIFICATION

By signing this form, (1) I hereby attest that all of the information provided on this application is accurate; (2) I understand that any decision made by the Financial Aid Office is final; (3) I understand that any increase to my cost of attendance budget will be disbursed in the form of GRAD Plus loans only which increase the amount of loans I will have to repay and I may decrease or decline that amount at any time; (4) I understand that I may only request one (1) budget adjustment per <one-time only> category during my enrollment. Health insurance or childcare adjustments will be considered by request; (5) I understand that providing false information can result in ineligibility and/or cancellation of Title IV financial aid. This request is not valid unless signed and dated by the student. To digitally sign, click in the signature box. You will be prompted to save the document. Once saved, your digital signature will be visible on the document.

Student Signature Date

FOR OFFICE USE ONLY

Approved _____ Denied _____ Semester/Academic Year _____ Adjust: _____

Approval _____ (FA Official) Date _____

Comments: _____