

Student Name: \_\_\_\_\_ PPU Student ID# \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**General Professional Judgment Appeal Information**  
**2024 – 2025**

The Office of Financial Aid can use their professional judgment to make adjustments on your Free Application for Federal Student Aid (FAFSA) because of unusual circumstances. You will have to provide enough documentation to support any adjustments. The Office of Financial Aid Administrator’s decision as to whether or not to make changes is final and cannot be appealed to the U.S. Department of Education. Listed below are examples of circumstances for which a professional judgment might be considered at Point Park University. Other circumstances may be considered if warranted. Documentation must be attached in order for the request to be reviewed.

**Reason for Appeal** *[Please check the reason(s) that apply to your situation.]*

Please Check	Reason for Review	Required Supporting Documentation
	Significant reduction of income or loss of wages for parent/student/spouse in 2023	<ul style="list-style-type: none"> <li>• Explanation of Special Circumstance</li> <li>• Submit documentation of reduced or loss of wages such as:               <ul style="list-style-type: none"> <li>○ 2023 Federal tax return and 2023 W-2s</li> <li>○ Separation of employment letter</li> <li>○ Last paycheck stub indicating year-to-date earnings</li> <li>○ Verification of unemployment income or unemployment denial</li> </ul> </li> </ul>
	Death of parent or spouse after student filed the 2024-2025 FAFSA	<ul style="list-style-type: none"> <li>• Explanation of Special Circumstance</li> <li>• Copy of death certificate</li> </ul>
	Divorce (or pending divorce) of parents or spouse after student filed the 2024-2025 FAFSA	<ul style="list-style-type: none"> <li>• Explanation of Special Circumstance</li> <li>• Copy of official divorce decree or attorney statement of pending divorce</li> <li>• Statement from parent/student indicating any additional income that the parent/student will receive as a result of the divorce such as child support, alimony, ex-spouse's making house payment, etc.</li> </ul>
	Untaxed income (Child support, alimony, unemployment, etc.) that was reported on 2024-2025 FAFSA has ceased	<ul style="list-style-type: none"> <li>• Explanation of Special Circumstance</li> <li>• Documentation of the amount and when the untaxed income was ceased</li> </ul>
	Unusual Medical/Dental Expenses for parent/student/spouse	<ul style="list-style-type: none"> <li>• Explanation of Special Circumstance</li> <li>• Documentation of outstanding or paid medical bills not reimbursed or paid by insurance</li> </ul>
	Other (Not listed above)	<ul style="list-style-type: none"> <li>• Explanation of Special Circumstance</li> <li>• Documentation supporting your special circumstance</li> </ul>

**Additional documentation that is not listed above may be requested in order to proceed with your request.**

**Explanation of Special Circumstances**

(Attach separate sheet or additional sheets, if needed)

*Please help us better understand the special circumstance occurring by providing a detailed explanation below:*

**THIS APPEAL WILL NOT BE ACCEPTED WITHOUT DOCUMENTATION ATTACHED.** Documentation should verify (prove) what you state as your reasons for the appeal. **Failure to provide adequate documentation will result in your appeal being denied.**

**Review Time**

The Financial Aid Appeal Committee will attempt to review your appeal as quickly as possible. You will receive a response after your completed appeal has been reviewed. Submission of the form with your signature verifies that you have read the procedures above and that all your statements are true and accurate.

**Student/Parent Certification**

By signing below:

1. I certify that I have read the professional judgment information sheet.
2. I also certify that all information and documentation given are accurate and true.
3. I understand that misrepresentation of information may result in repayment of federal and state financial aid received.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dependent Students Only**

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_