
Professional Judgment Appeal

Department of Education Guidance on PJ Appeals

The Office of Financial Aid can use their professional judgment to make adjustments on your Student Aid Report (SAR) 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 UTHSC.

Other circumstances may be considered if warranted. Documentation must be attached in order for the request to be reviewed.

- If the student's EFC (Estimated Family Contribution) is already zero (0), the professional judgment will not be reviewed because the student is already eligible for the maximum federal financial aid available.
 - ***Submission and approval of a professional judgment does not guarantee a change in student's financial aid eligibility.***
 - **You must submit ALL documentation listed for the specific circumstance you are requesting. Additional documentation not listed may also be required. Please complete Steps 1, 2 & 3 on this form before submitting this form for review.**

Name _____
Last *First* *Student ID*

Address _____
City *State* *Zip*

Telephone _____ Last Four of SSN _____

Step 1: Please identify the special circumstance(s) from the list below and check the applicable box(es) for the person(s) affected. * **Additional documents may be requested.***

Special Circumstances	Explanation	Person(s) Affected	Required Documentation
Employment Change	Student/spouse and/or your parent(s) had a significant loss of income in 2019, 2020 and/or 2021 due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work must have lasted at least 6 weeks.	__Student __Parent __Spouse	<input type="checkbox"/> 2020-21 Verification Worksheet <input type="checkbox"/> 2018 and 2019 IRS Tax Return Transcripts, W-2s and/or 1099 statements <input type="checkbox"/> Unemployment payment record <input type="checkbox"/> Letter from employer(s) on letterhead, certifying the last date of employment or reduction of work hours or pay rate <input type="checkbox"/> Most recent paystubs <input type="checkbox"/> Personal letter of explanation
Benefit Loss	Student/spouse and/or parent(s) received unemployment compensation and/or untaxed benefit in 2018 or 2019, but have completely lost the benefit in 2019, 2020 and/or 2021. The untaxed income or benefit must be from a public or private agency, from a company or from an authorized individual due to a court order.	__Student __Parent __Spouse	<input type="checkbox"/> 2020-21 Verification Worksheet <input type="checkbox"/> 2018 and 2019 IRS Tax Return Transcripts, W-2s and/or 1099 statements <input type="checkbox"/> Statement from agency with effective dates(s) of loss/cancellation of benefits <input type="checkbox"/> Personal letter of explanation
Divorce/Separation	Student or parent separated or divorced after filing a FAFSA	__Student __Parent __Spouse	<input type="checkbox"/> 2020-21 Verification Worksheet <input type="checkbox"/> 2018 and 2019 IRS Tax Return Transcripts, W-2s and/or 1099 statements <input type="checkbox"/> Copy of divorce decree. If not legally separated, proof of different addresses (utility bill, lease indicating period of separation). <input type="checkbox"/> Lease with dates that include the period of separation <input type="checkbox"/> Child support received or paid <input type="checkbox"/> Personal letter of explanation
Decease	Death of spouse or parent after filling a FAFSA	__Student __Parent __Spouse	<input type="checkbox"/> 2020-21 Verification Worksheet <input type="checkbox"/> 2018 and 2019 IRS Tax Return Transcripts, W-2s and/or 1099 statements <input type="checkbox"/> Copy of death certificate <input type="checkbox"/> Social Security Benefits (if applicable) <input type="checkbox"/> Most recent paystubs <input type="checkbox"/> Personal letter of explanation
Exceptional Medical/D	An unusually high amount of medical/dental expenses paid out of pocket during 2018 (does not include payments made by insurance)	__Student __Parent __Spouse	<input type="checkbox"/> 2020-21 Verification Worksheet <input type="checkbox"/> 2018 and 2019 IRS Tax Return Transcripts, W-2s and/or 1099 statements <input type="checkbox"/> Medical/dental expenses should be claimed on a federal tax return as medical deductions <input type="checkbox"/> Personal letter of explanation

Step 2: For the person(s) affected by the special circumstances, please provide a typed detailed personal letter of explanation of the changes that occurred. The statement must include:

- **Employment change** - Statement should explain the dates of employment, time periods in which reduction or loss of wages occurred
- **Income/Benefits Loss** - Statement should explain the dates income/benefits began and when it ended
- **Divorce/Separation** - Statement should include the date of the divorce or separation. It should also include amounts and dates on which any additional income is to be received. This may include alimony, child support, etc.
- **Exceptional Medical/Dental expenses** - Statement should include amounts paid for medical/dental expenses that were NOT covered by medical insurance

Step 3: Certification

Student's Signature: _____ Date: _____

Parent's Signature (If Applicable): _____ Date: _____

Digital signatures cannot be accepted.

If you have any questions, please call (901)448-7703. You may submit this form in person, email, or mail. Digital signatures cannot be accepted.

Financial Aid Office
910 Madison Avenue, One Stop Shop
Memphis, TN 38163

Office Use Only
Approved _____ Rejected _____

Director/Associate Director:
Date: