Hibbing Community College
Request for Professional Judgement

Name: ___________________________ Student ID: ___________________________
(Please print)

Phone Number: ___________________ Cell Phone: ___________________________

Professional Judgements may be made because of 1) reduced expected family contribution,
2) increased cost of attendance - e.g. tool costs, or 3) dependency petition to independent
status.

Academic year you are requesting to be reviewed (e.g.: 2007/08): _________________

Check which you are requesting.

☐ Reduced expected family contribution
   Examples of supporting documentation: Layoff/termination notice, unemployment
   compensation papers, death certificate, separation/divorce papers, tax returns, w-2’s,
   etc. Remember, we will need to determine and document your current family income
   from all sources.

   If this request is based on student’s reduced income, will the student be looking for a
   part-time job while attending college? ☐ Yes ☐ No

☐ Increased cost of attendance
   Examples of supporting documentation: Proof of additional program costs and/or
   transportation expenses.

☐ Change of dependency status to independent
   Examples of supporting documentation: Signed statement, on letterhead, from a
   professional counselor, clergy, or social worker that you no longer have a relationship
   with your parents.

☐ Parent attending college half-time or more for at least one term and is pursuing
   a Degree/diploma
   Example of supporting documentation: Signed statement, on letterhead, from
   college attesting to this claim.

On the reverse side of this request, write a detailed explanation as to why this request is
being made.

NOTE: Requests submitted with out a detailed explanation and supporting documentation
will be rejected!
Hibbing Community College

Request for Professional Judgement

I am requesting the Hibbing Community College Financial Aid Office to consider this request because: (don’t spare the ink, use a separate sheet of paper if necessary!)

Below, list **weekly or monthly** income from ALL sources such as:

<table>
<thead>
<tr>
<th>o Part-time job</th>
<th>o Income from a spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Sub-pay</td>
<td>o Unemployment Compensation</td>
</tr>
<tr>
<td>o Workman’s Compensation</td>
<td>o Welfare Benefits</td>
</tr>
<tr>
<td>o Retirement Benefit</td>
<td>o Etc.</td>
</tr>
</tbody>
</table>

**(Be sure to indicate weekly or monthly)**

I/we understand that all information requested by the financial aid department must be submitted before a judgement will be made.

I/we certify under penalty of perjury that the information provided on this form and for this professional judgement request is accurate and complete to the best of my/our knowledge.

Student Signature: _______________________________ Date: _______________

Parent Signature (if dependent): _______________________________ Date: _______________

**OFFICE USE ONLY: Professional Judgement**

☐ Approved  ☐ Not Approved

Financial Aid Officer: _______________________________ Date: _______________

Financial Aid Director: _______________________________ Date: _______________

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