

**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:

<ul style="list-style-type: none"><li><input type="radio"/> Part-time job</li><li><input type="radio"/> Sub-pay</li><li><input type="radio"/> Workman's Compensation</li><li><input type="radio"/> Retirement Benefit</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Income from a spouse</li><li><input type="radio"/> Unemployment Compensation</li><li><input type="radio"/> Welfare Benefits</li><li><input type="radio"/> Etc.</li></ul>
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**(Be sure to indicate weekly or monthly)**

Documentation is attached

Documentation is not attached  
(request may be returned or denied)

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: \_\_\_\_\_

*An Equal Opportunity Educator and Employer*