



## Professional Judgement Appeal Form 2016-2017

Name: \_\_\_\_\_  
Student's Name (Last, First, M.I.)

ID: \_\_\_\_\_  
Student Identification Number (SID)

Eligibility for financial aid is based on the prior tax year, which may not be indicative of the family's continuing ability to pay for the student's educational expenses. To remedy this, Congress has authorized the school's financial aid administrator to evaluate special circumstances on a case-by-case basis with adequate documentation. To begin an appeal, return this completed form, along with any supporting documentation, to the Office of Financial Aid.

1. **Write a detailed description** of your special circumstance(s) and submit with this form.
2. **Check the box** that best describes your situation and submit additional forms along with supporting documentation.
  - Decrease in student/spouse annual income since January 1, 2015  
also complete *Student Estimated Income Form*
  - Decrease in parent annual income since January 1, 2015  
also complete *Parent Estimated Income Form*
  - Unusual medical expenses paid or to be paid during 2015  
also complete *Medical Expenses Form 2015*
  - Unusual medical expenses paid or to be paid during 2016  
also complete *Medical Expenses Form 2016 and Parent Estimated Income Form*
  - Parent in college during 2016-2017 academic year
  - Other

\*All supplemental Professional Judgment Forms are located online at [www.texascollege.edu](http://www.texascollege.edu).

3. **Notification:** The Professional Judgment Committee's decisions and requests for additional documentation are typically emailed to the student. If you would like your parent or spouse to be included in these emails, please list their name and email address below.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Email/Phone Number

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Spouse Email/Phone Number

4. **Certification:** The information I submit in this appeal is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (*required only if student is dependent*)  
OR Signature of Student's Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please submit your form by mail, fax or in person to the Office of Financial Aid  
2404 North Grand Ave • Tyler, Texas 75702 • fax 903-593-9607 • [www.texascollege.edu](http://www.texascollege.edu)