University of Central Florida College of Medicine (UCFCOM)
2011-2012 Professional Judgment Appeal Form Based on Special Circumstances

Student's Name: _____ PID: _____

UCFCOM's Office of Student Financial Services recognizes that students and their families may have extenuating financial circumstances that the Free Application for Federal Student Aid (FAFSA) does not consider. The Director will evaluate appeals for special circumstances on a case-by-case basis and recalculate eligibility if the 2010 base year income information does not accurately reflect the student's current financial situation. Submission of this appeal does not guarantee a change in the student's financial aid award or eligibility.

Decisions of the Office of Student Financial Services are final and documentation MUST accompany all requests.

I. Check the appropriate condition (A,B,C,D,E,F, or G) under which you are requesting a reevaluation of financial aid eligibility for the 2011-2012 academic year:

☐ A. You worked in 2010, but in 2011 your income will be significantly lower.

☐ B. Your spouse, who earned money in 2010, has lost his/her job in 2011.

☐ C. You (or your spouse) earned money in 2010, but have been unable to earn money in the usual way. This must be the result of either a disability or a natural disaster that happened in 2010 or 2011.

☐ D. You (or your spouse) received unemployment compensation or some untaxed income or benefit in 2010 and have completely lost that income or benefit in 2011. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of a court order. (Don't include loss of veteran's education benefits.) Untaxed income and benefits include things like:

- Welfare benefits
- Untaxed retirement or disability benefits
- Temporary Aid to Needy Families
- Social Security benefits (including Supplemental Security Income)
- Court-ordered child support

☐ E. You have already applied for federal student aid, and since that time, you and your spouse have separated or divorced.

☐ F. You have already applied for federal student aid, and since that time, your spouse has died.

☐ G. You have experienced a significant change in your (or your spouse's) financial situation that did not result from one of the above listed conditions. Clearly define the changes in financial circumstances in writing and attach it to this completed form and return them to this office. Provide full documentation to support your request for reevaluation of the financial situation.

II. You (and your spouse's) Expected Income for the 2011 calendar year:

A. Expected 2011 income you will earn from work. $ _____

B. Expected 2011 income your spouse will earn from work. $ _____

C. Expected 2011 other taxable income $ _____

D. Add the amounts for A, B, and C. This is your expected

2011 ADJUSTED GROSS INCOME (calendar year) $ _____

E. Expected 2011 UNTAXED income or benefits:

1. Social Security Benefits $ _____

2. Aid to Families with Dependent Children (AFDC) $ _____

3. Child support RECEIVED for all children $ _____

4. Other untaxed income and benefits $ _____

5. Veteran's education benefits you expect to receive

from July 1, 2011 through June 30, 2012:

No. of months _____ x Amount per month $ _____ = $ _____

F. Child support paid for 2011 $ _____

III. Explanation of Significant Change in Financial Situation

(If more space is needed, attach additional sheets of paper.) This must be completed to receive further consideration.

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I have provided documentation of my special circumstances and understand that submitting this form does not guarantee a favorable adjustment to my financial assistance eligibility. I understand that additional information may be requested by the Office of Student Financial Services before a decision can be made.

Signature of Student (sign in ink) _____

Date _____

Signature of Spouse, if married (sign in ink) _____

Date _____

RETURN TO:

University of Central Florida

College of Medicine

Office of Student Financial Services

6850 Lake Nona Blvd., Suite 115

Orlando, FL 32827

Fax: 407.266.1399

Email: medfinaid@mail.ucf.edu