



**Office of Student Financial Aid  
2014-2015 Request for Reconsideration Form  
(Professional Judgment)**

**Student Name:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_ **Student Phone Number:** \_\_\_\_\_

**Dear Applicant:**

St. Andrews University makes every effort to assist students and parents by providing financial assistance to help meet the cost of education. We recognize that there may be extenuating circumstances that affect the student's or parent's ability to provide the amount that the family is expected to pay. Certain allowances are already considered in the calculation of a family's ability to meet expenses in the formula that calculates financial need. Therefore, St. Andrews will not always be able to reduce your estimated contribution to meet your educational costs based on your unique circumstances. **Examples of special circumstance cases are described below.**

Student and/or Parent:

- \_\_\_\_ Unexpected loss of employment or change in employment status
- \_\_\_\_ Divorce, separation, death of spouse/parent
- \_\_\_\_ Loss of untaxed income (i.e. Worker's comp., disability, child support, etc)
- \_\_\_\_ Disability of student/spouse/parent
- \_\_\_\_ Unusually high 2014 year medical bills or handicapped related expenses
- \_\_\_\_ Loss of one-time income

**The following information is needed to complete your professional judgment:**

**ALL STUDENT'S FAFSA'S WILL HAVE TO BE VERIFIED TO ENSURE THE ACCURACY OF THE ORIGINAL INFORMATION SUBMITTED. THEREFORE WE WILL NEED COPIES OF 2013 FEDERAL INCOME TAX TRANSCRIPTS AND W-2'S FOR THE STUDENT AND/OR PARENT. IN ADDITION A VERIFICATION WORKSHEET WILL NEED TO BE COMPLETED AND SUBMITTED. THE ADDITIONAL DOCUMENTATION NEEDED FOR THE PROFESSIONAL JUDGMENT IS LISTED BELOW:**

**Additional Documentation needed:**

**Unexpected loss of employment or change in employment status**

1. Letter requesting professional judgment, stating reasons
2. 2014 YTD check stub – should include any vacation or severance pay
3. Letter from employer stating layoff or suspension and date of incidence
4. If unemployment benefits received - Letter from Employment Security Commission detailing amounts and period of time
5. Projected income for 2014

**Divorce, Separation, or death of spouse/parent**

1. Letter requesting professional judgment, stating reasons
2. Copies of separation or divorce papers
3. Copy of death certificate or notice

**Loss of untaxed income**

1. Letter requesting professional judgment, stating reasons
2. Letter from agency that provided benefits detailing date of termination of benefits and amounts

**Disability of student/spouse/parent**

1. Letter requesting professional judgment, stating reasons
2. Copy of letter concerning medical disability and any benefits that will be received as a result. Also indicate if there are additional related expenses

**Unusually high 2014 medical bills or handicapped related expenses**

1. Letter requesting professional judgment, stating reasons
2. If not already done please provide us with a copy of the Schedule A of the Federal 1040 form or receipts showing amounts **paid**. Include medical insurance premiums **paid**. Also include state total paid medical expenses that were not reimbursed for 2014.

**Loss of one-time income**

1. Letter requesting professional judgment, stating reasons being specific about what the income was used for

By signing below, I (we) certify that the information provided on this form is true and correct to the best of my (our) knowledge.

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Student's signature and date

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Spouse's signature and date (if applicable)

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Parent's signature and date

***The review of this form does not guarantee a change in the amounts of types of financial aid awarded. The Office of Financial Aid reserves the right to review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, remember that the financial aid administrator's decision is final and cannot be appealed to the Dept. of Education.***