

READING HOSPITAL SCHOOL OF HEALTH SCIENCES

POLICY NO. 635

SUBJECT: Request for Professional Judgment

Responsibility of: Director of Financial Aid and Budget
Originated: June, 2017 Reviewed:

SCOPE: Students enrolled at the Reading Hospital School of Health Sciences (RHSHS) that apply for financial aid.

PURPOSE: To provide guidance to the student submitting a Request for Professional Judgment

POLICY: The Free Application for Federal Student Aid (FAFSA) does not provide families with a place to explain special circumstances affecting their ability to pay for the student's education. Due to varying circumstances, students and parents often find the information they provided on the FAFSA no longer realistically reflects their ability to provide educational support. To remedy this, Section 479A of the Higher Education Amendments of 1992 authorized a financial aid administrator to exercise Professional Judgment (PJ) on a case-by-case basis. Students may choose to submit a Request for Professional Judgment form requesting that their situation be reviewed. Any adjustments to the Expected Family Contribution (EFC) may assist the student in receiving increased eligibility for need-based federal financial aid. This policy sets forth guidelines regarding how professional judgment in financial aid will be exercised at RHSHS.

DEFINITIONS: N/A

PROCEDURE: If a student or prospective student believes he or she has a situation that would qualify as a special circumstance that may lead to a Professional Judgment, the student or prospective student should complete the 2017/2018 Request for Professional Judgment Form available from the Financial Aid Office. The student should submit the signed form, along with all supporting documents requested, to the RHSHS Financial Aid Office. RHSHS does not accept Professional Judgment adjustments made for a student by another institution.

All students requesting Professional Judgment will be selected for verification (V-1) for the 17/18 FAFSA (if not already selected by the Federal Processor) prior to being considered for review.

The Director of Financial Aid and Budget will review the request and all supporting documentation on a first-come, first-served basis. Please allow two to four weeks for processing. All decisions will be communicated to the student in writing.

If it is determined that the student may benefit from an adjustment, corrections to the student's 17/18 FAFSA will be made electronically by the Director of Financial Aid and Budget and sent to the Federal Processor. You will be notified in writing of the change in your Expected Family Contribution and new award amount(s) if applicable. Please note that in some cases, Professional Judgment adjustments to the FAFSA data do not result in significant changes to the

EFC, and therefore may not change a student's financial aid award. The student will also be notified by mail if there is no change to the EFC or financial aid award.

Note: The decision of the Director of Financial Aid and Budget is both discretionary and final; there is no appeal process to the Director of RHSHS or to the U.S. Department of Education.

EDUCATION AND TRAINING: N/A

REFERENCES:

COMMITTEE AND COUNCIL APPROVALS: RHSHS Director's Meeting, (July, 2017)

CANCELLATION: Reading Health System policies directly related to this topic shall supersede this RHSHS policy. This policy supersedes all previous policies, memoranda, and/or other communications pertaining to this policy.

2017/2018 Request for Professional Judgment Form

Last Name _____ First Name _____

Student ID# _____

A detailed letter of appeal explaining the special circumstances to be reviewed is required to be written by the student requesting a Professional Judgment. Students must also complete verification (if not already selected by the Federal Processor) for the 2015 base year and will be required to provide the following verification documents as indicated by the Financial Aid Office.

- | | |
|--|---|
| <input type="checkbox"/> 2015 Tax Return Transcript (student/spouse) | <input type="checkbox"/> V1 Verification Worksheet |
| <input type="checkbox"/> 2015 Tax Return Transcript (parent) | <input type="checkbox"/> 17/18 Verification already completed |

Check the box(es) that apply and submit the corresponding documentation:

Additional documentation may be requested upon review of your letter of appeal and documentation that is provided.

Loss of Income for Student and/or Spouse due to divorce, death, change or loss of employment or disability

Provide 2016 Tax Return Transcript; documentation of unemployment benefits and/or other non-taxable income; documentation of divorce/separation from student and spouse which also identifies any support for dependents (if applicable); death certificate

Loss of Income for Parent(s) due to divorce, death, change or loss of employment or disability

Provide 2016 Tax Return Transcript; documentation of unemployment benefits and/or other non-taxable income; documentation of divorce/separation from both parents which also identifies the parent providing primary financial support for the student; death certificate

Lump sum distribution or non-recurring income that inflates adjusted gross income (such as severance package, bonus, inheritance or IRA early withdrawal)

Provide copy of Form 1099-R for 2015, if applicable; provide 2016 Tax Return Transcript

Major Medical expenses not covered by insurance, already paid out-of-pocket

Provide copy of Schedule A, showing the included medical expenses in your itemized deductions; provide 2016 Tax Return Transcript (NOTE: expenses paid must exceed 11% of total income)

Loss of untaxed income and benefits such as child support, or taxable social security

Provide legal documentation or notarized statement indicating the amount and date of change; provide 2016 Tax Return transcript

Certification Statement

The information contained in this appeal and any supporting documents is true and complete.

Student Signature **Date**

Parent Signature (Required for Dependent Student) **Date**