

University of La Verne

2025-2026 Professional Judgment Request

The University of La Verne's Office of Financial Aid recognizes the formula used to calculate your Student Aid Index (SAI) may not accurately reflect special circumstance for individual and/or families. Financial Aid Advisors have the authority to take into consideration unique circumstances not reflected on the Free Application for Federal Student Aid (FAFSA). If you feel you have extenuating circumstances (see list in Step 2) that affect your data reported on your FAFSA, please submit a Professional Judgment Request along with supporting documentation of your circumstance as listed. Changes resulting from this review do not guarantee an increase in your financial aid eligibility. Failure to submit requested documents in a timely manner will delay the processing of a decision. Include your Student ID on all documents. Please check your student email correspondence from our office.

Submit this form and all supporting documents by uploading it via the Portal: <https://myportal.laverne.edu/> Alternatively, you may:

1. **Fax documents** to (909) 448-1629; be sure to include your student ID number on each page.
2. **Submit documents in person** to the Office of Financial Aid in Woody Hall, corner of 3rd & B in La Verne.
3. **Mail documents:** University of La Verne
Office of Financial Aid
1950 Third Street
La Verne, CA 91750

Student Information

Student ID: _____ Date of Birth: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Step 1: Provide a thorough written statement explaining the nature of the request.

- **Dates:** Provide the dates of events leading to the circumstance, including whether the circumstance is ongoing
- **Amounts:** Report the amounts for any income or benefit received or lost, of expenses paid or support provided

- **Names/Relationships:** Names of the person(s) impacted by the circumstance and their relationship to one another/the student

Step 2: Please check the applicable boxes for the special circumstances(s) you wish to be considered.

*Additional documents may be requested. *

	Type of Expense	Explanation	Person(s) Affected	Required Documents
<input type="checkbox"/>	Income Loss	Student/spouse and/or your parent(s) had a significant loss of income in 2023, 2024 and/or 2025 due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work must have lasted at least 6 weeks.	Student Spouse Parent	<ul style="list-style-type: none"> • 2023 and 2024 IRS Tax Return Transcripts • W-2s and/or 1099 statements • Letter from employer(s) on company letterhead certifying the last date of employment or reduction of work hours/pay rate
<input type="checkbox"/>	Benefit Loss	Student/spouse and/or parent(s) received unemployment compensation and/or untaxed benefit in 2023 or 2024, but have completely lost the Benefit in 2023, 2024 and/or 2025. The untaxed income or benefit must be from a public or private agency, from a company or from an authorized Individual due to a court order.	Student Spouse Parent	<ul style="list-style-type: none"> • Statement from agency with effective dates of benefits
<input type="checkbox"/>	Divorce/ Separation	Student or parent separated or divorced after filing a FAFSA	Student Spouse Parent	<ul style="list-style-type: none"> • 2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 • Copy of divorce decree. • If not legally separated, proof of different addresses (utility bill, lease indicating period of separation).
<input type="checkbox"/>	Death	Death of spouse or parent after filling a FAFSA	Student Spouse Parent	<ul style="list-style-type: none"> • Copy of death certificate • Social Security Benefits (if applicable) • Most recent paystubs
<input type="checkbox"/>	Exceptional Medical/Dental Expenses	An unusually high amount of medical/dental expenses paid out of pocket during 2023 (does not include payments made by insurance)	Student Spouse Parent	<ul style="list-style-type: none"> • 2023 and 2024 IRS Tax Return Transcripts, • W-2s and/or 1099 statements • Medical/dental expenses should have receipts
<input type="checkbox"/>	Other	Other substantial factors impacting household or income not listed above (thorough explanation required).	Student Spouse Parent	<ul style="list-style-type: none"> • Documentation verifying the circumstances described, including but not limited to copies of checks, invoices, billing statements, etc. May be subject to further required documents.

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Step 3: CERTIFICATION

I declare with my signature below, that the information I am providing is true and correct. At the end of the calendar year, I authorize the Office of Financial Aid at the University of La Verne to verify my income with the appropriate agencies. I understand that if the University of La Verne determines that the information was not accurate, I may be required to REPAY any additional financial aid I have received as a result of this request. I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted and that I am responsible for any outstanding balance owed to the university.

Student's Signature: _____

Date: _____

Parent's Signature (If Applicable): _____

Date: _____