



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783
906-635-2678 • Fax: 906-635-6669

Professional Judgment Review of Unusual Expenses

It appears that you or your family may have experienced an unusual circumstance which could change your ability to contribute to your educational expenses. The information reported on your FAFSA may not accurately reflect your current ability to finance your education. This re-evaluation is not an assurance that you will qualify for aid, or if already eligible, will qualify for additional aid. Furthermore, any new award amount would be contingent upon the availability of funds at the time this re-evaluation is made.

If your circumstances fall within one or more of these criteria, please follow these instructions:

- (a) Medical expenses paid were in excess of 11% of Adjusted Gross Income
- (b) A one-time withdrawal from a pension fund for emergency purposes
- (c) A rollover from one pension fund to another
- (d) A one-time gain that was reported in Adjusted Gross Income but will not reoccur

1. FURNISH THIS OFFICE WITH SUPPORTIVE DATA FROM OUTSIDE SOURCES

For example, for excessive medical expenses, include receipts of all medically-related expenses paid in the FAFSA-reported year for the family. Include all receipts that meet the IRS definition of approved medical expenses. Subtotal each type of expense (prescription co-pays, insurance premiums, etc.) and provide total paid for the calendar year. The amount paid in excess of 11% may be eligible for removal through professional judgment.

2. ONE TIME GAIN or ROLLOVER EXPLANATION

Provide a copy of past year's Federal 1040 form showing record of funds in the AGI and a detailed explanation of the one time use of the funds. Provide written proof of how the funds were used with receipts. For example, if the early pension payout was used to cover living expenses during a period of unplanned or extended unemployment, provide documentation of early job termination and copies of expenses paid with the funds withdrawn from the pension account.

3. COMPLETE THIS FORM AND SUBMIT WITH APPROPRIATE DOCUMENTATION

Allow 3-4 weeks for review of this request. If you have any questions concerning this form, its completion and/or the supportive data required, please contact the LSSU Financial Aid Office at 1-888-800-LSSU or (906) 635-2678.

The penalty for submission of fraudulent information on this form may be repayment of **TRIPLE** any amount of money received plus a fine and/or imprisonment.

Student's Signature

Date

Parent or Spouse's Signature

Date

OFFICE USE ONLY

APPROVE

DISAPPROVE

Director's Signature

Date