



**Request for Professional Judgment of Special Circumstances
2024–2025**

Name _____ Student ID # _____
Address _____ Date of Birth _____
City, State, Zip _____ Phone # _____

***You must have already filed the 2024–2025 FAFSA and received an agreement letter listing your financial aid awards.**

Students and/or parents, who wish to have their 2022 Adjusted Gross Income that was used on the 2024–2025 FAFSA reviewed, must complete this form and provide all required documentation. The Student Financial Planning Office will review each student’s circumstance on a case-by-case basis and does not guarantee that students who submit this request will be given an adjustment. Professional judgments do not carry over from year to year. Circumstances that do not qualify for a professional judgment according to the U.S. Department of Education regulation HEA Sec. 479A(a) and the Culinary Institute of America include:

1. Standard living expenses (e.g. Home mortgage, credit card bills, car payments, and other consumer items)
2. Tithing expenses
3. Vacation expenses
4. Tuition paid for private elementary or secondary schools
5. Bankruptcy
6. Professional licensing exam fees

Please review the following circumstances and check the section that applies to you. Submit this form together with the required documentation to Student Financial Planning, the Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538, scan and email to SFRS@culinary.edu or fax to 845-905-4030.

___ **Medical or dental expenses incurred or will be incurred after**

- **January 1, 2022 but before December 31, 2022 not covered by insurance or employer.** _____
 - **January 1, 2023 but before December 31, 2023 not covered by insurance or employer.** _____
- *You may only select one year of medical/dental expenses to be evaluated.**

Required documentation:

- A signed statement from the student (or parent if student is dependent) describing the situation and reason expenses were/are not covered by insurance.
- Copies of all related bills, invoices and payment statements for expenses already incurred for the year in which you are asking to be reviewed.
- Statement from Doctor giving dates and estimated cost of expense not yet incurred in the year you have selected for review.
- For the year you selected please provide the appropriate Federal Tax Return Transcript or signed Tax Returns for student and parent (if student is dependent) (*tax transcripts can be requested at www.irs.gov*).
- 2024–2025 Signed Verification worksheet.

___ **Taxable income due to a one time pay out appearing on the 2022 federal tax return (e.g. conversion of IRA funds to Roth IRA).** Note: One time is defined as this year only, not once a year. Is this the first time you have taken a payout from these accounts?

Required documentation:

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for pay out.
- Copies of all related invoices and fund balances.
- 2022 Federal Tax Return Transcript or Signed Tax Returns for student and parent (if student is dependent) (*tax transcripts can be requested at www.irs.gov*).
- 2024–2025 Signed Verification worksheet.

___ **Significant decrease or loss of income due to changes in employment occurring after January 1, 2023 but before December 31, 2023**

***Choosing to leave a job due to circumstances unrelated to health or working environment may not qualify.**

Required Documentation:

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for loss of employment.
- Statement from former employer stating last day of employment.
- Copy of unemployment compensation application or letter as to why you will not be applying for unemployment.
- Copies of letters from unemployment denying or approving your application, including amount of compensation and when benefit is to start and end.
- Letter from new employer stating date of hire and amount of compensation.
- 2022 and 2023 Federal Tax Return Transcripts or Signed Tax Returns for student and parent (if student is dependent). (*tax transcripts can be requested at www.irs.gov*). Request for supporting W2's may be asked for.
- 2024–2025 Signed Verification worksheet.

___ Loss of income due to illness, disability or death occurring after January 1, 2023 but before December 31, 2023.

Required documentation:

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for loss of income.
- Statement from former employer stating days of work missed or last day of employment.
- Copies of any applications sent to agencies requesting compensation benefits or letter as to why you will not be applying for benefits.
- Copies of letters from agencies denying or approving your application for benefits, including amount of compensation and when benefit is to start and end.
- 2022 and 2023 Federal Tax Return Transcripts or Signed Tax Returns for student and parent (if student is dependent). (*tax transcripts can be requested at www.irs.gov*). Request of supporting W2's may be asked for.
- 2024–2025 Verification worksheet.

___ Loss of compensation benefits reported on the 2022 federal tax return or on FAFSA (e.g. social security, TANF and welfare).

Required documentation:

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for loss of benefits.
- Copies of letters from agency stating the loss of benefit, including amount of compensation and when benefit is to end.
- 2022 Federal Tax Return Transcript for student and parent (if student is dependent) (*tax transcripts can be requested at www.irs.gov*).
- 2024–2025 Signed Verification worksheet.

By signing this form, I certify that all information and documentation is correct and accurate. I also understand that the approval of a professional judgment is not guaranteed, is at the discretion of the Student Financial Planning Office and is final.

Student Signature

Date

Parent/Spouse Signature

Date

Note: We cannot accept electronic signatures