



Office of Scholarships & Financial Aid

1200 Murchison Road, Fayetteville, NC 28301 | (910) 672-1325 | www.uncfsu.edu/finaid

2025-2026 Special Circumstances/Professional Judgment - Independent

Name: _____

Banner ID: _____

Email: _____@broncos.uncfsu.edu Phone: _____

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. Professional Judgment refers to the school's authority to adjust data elements reported on the Free Application for Federal Student Aid (FAFSA®) so that the Department of Education can recalculate the Expected Family Contribution (EFC). The EFC is the number that the school uses to determine a student's eligibility for need-based financial aid. The school does not have the authority to make direct adjustments to the EFC and can only change data elements that may change the EFC.

The Office of Financial Aid requires you to provide certain documents to support your claim of special circumstances. The review process begins with an evaluation of the accuracy of the information you submitted on your FAFSA. The Office of Financial Aid will evaluate the documents you submit along with your FAFSA information to determine if you are eligible for any financial aid adjustments. The U.S. Department of Education provides, in the Higher Education Amendments of 1998, a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income, rather than prior year income, to calculate a student's eligibility. If you or your spouse meet a special circumstance requirement in the 2025-2026 award year, your eligibility may be recalculated.

Please Note:

- Only submit this form if it is complete, including all required documentation and signatures.
- Incomplete Professional Judgment applications will not be considered.
- Complete **Step One**, **Step Two**, and **Step Three** of this form.
- Processing times for the Professional Judgment Application takes 2-4 weeks once all required documents have been received. *Submission of the Professional Judgment application in no way guarantees an adjustment to the student's financial aid and does not waive payment deadline dates.* We recommend that the student complete all current award requirements and accept any financial aid that the student wishes to pay his/her bill.

STEP ONE: Explanation of Special Circumstances

Provide a typed, detailed letter of explanation regarding your current situation that you are asking us to consider. Please remember to include applicable dates and any documentation supporting your circumstance. If sufficient documentation is not provided, the Professional Judgment application will be denied as the application will be incomplete.

STEP TWO: Projected Year Income

Complete this section to the best of your ability to project your 2025 income.	Student	Spouse
Expected 2025 income earned from work	\$	\$
Expected 2025 US income tax to be paid	\$	\$
Expected 2025 unemployment benefits	\$	\$
Expected 2025 other taxable income and benefits Type:	\$	\$
Expected 2025 untaxed income and benefits Type:	\$	\$

STEP THREE: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
<input type="checkbox"/> You were employed full-time (at least 35 hours per week) for at least 30 weeks in 2024 or 2025 but are not working full-time now. <input type="checkbox"/> Your spouse was employed full-time (at least 35 hours per week) for at least 30 weeks in 2024 or 2025 but lost employment for at least 10 consecutive weeks and is not working full-time now. <input type="checkbox"/> You or your spouse lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2024 or 2025. This situation must be a total loss of employment. Please Note: Loss of Employment must result from involuntary actions beyond the control of the employee. # of weeks unemployed in 2024 or 2025: _____	<input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 and 1099 Forms <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <input type="checkbox"/> Employer's written notice of termination of employment <input type="checkbox"/> Copies of most recent pay stubs for all 2025 employment <input type="checkbox"/> Copy of <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Document all other sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Attending physician's statement of disability <input type="checkbox"/> Document date disability/disaster caused unemployment <input type="checkbox"/> Documentation of employer disability payments <input type="checkbox"/> Documentation of Worker's Compensation received <input type="checkbox"/> Documentation of Official Declaration of Natural Disaster status
<input type="checkbox"/> You or your spouse had a total loss of untaxed income. Benefit Lost: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support Last Date Benefit Received: _____	<input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <input type="checkbox"/> Benefit provider's notification of loss of benefit <input type="checkbox"/> Copies of most recent pay stubs for all 2025 earnings <input type="checkbox"/> Document all other sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Court documents verifying date of loss of child support
<input type="checkbox"/> You have already filed your FAFSA and since that time: <input type="checkbox"/> You have separated/divorced. Date: _____ <input type="checkbox"/> Your spouse has passed away. Date: _____	<input type="checkbox"/> Copies of 2023 and 2024 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2023 and 2024 W-2 <input type="checkbox"/> 2025-2026 Independent Verification Worksheet <input type="checkbox"/> Copy of student's birth certificate <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of court documented separation/divorce <input type="checkbox"/> Copy of spouse's death certificate or obituary

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that, if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of this application. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Scholarships & Financial Aid will review all requests on a case-by-case basis and adjust if deemed appropriate. Finally, we understand that the financial aid administrator's decision is final and cannot be appealed.

		Banner ID: _____	
Student's Signature	Date	Spouse's Signature	Date

If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both and lose your financial aid funding.