



## REQUEST FOR PROFESSIONAL JUDGEMENT - OTHER

Student Name: \_\_\_\_\_ ID: 770-\_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Type of Professional Judgment:

\_\_\_\_\_ Other \_\_\_\_\_

- **Your Request will need to include the following:**
  - **Most recent IRS Federal Tax Transcript & W2's for student (spouse or parent(s) if applicable)**
  - **Most recent pay stubs for student (spouse or parent(s) if applicable)**
  - **Completed Household Verification Worksheet**
  - **Completed Untaxed Income**
  - **Completed Food Stamps and/or Child Support Paid if applicable**
  - **Signed & dated DETAILED (dates and amounts) statement explaining current situation and the reason for requesting a Professional Judgment**

I am requesting that the Financial Aid Director at Helena College University of Montana consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the Helena College University of Montana only. I agree to provide any documentation requested by the Financial Aid Director if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and any required/requested documentation must be given to the Helena College Financial Aid Office prior to any professional judgment being granted.**

**FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601  
406-447-6916, [www.helenacollege.edu](http://www.helenacollege.edu)**

**RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or fax to: 406-447-6397.**