

## **REQUEST FOR PROFESSIONAL JUDGEMENT**

Student Name:	Student ID:
Permanent Street Address:	
City/State/Zip:	
Permanent Phone #: ()	
Academic Year:	
Type of Professional Judgment: (Check only one of the following)	
Budget Modification (Computer Costs, Child Care C	Cost, etc.)
Other	
<ul> <li>All Professional Judgments will need to include the fo</li> <li>Most recent pay stubs for student (spouse or page)</li> </ul>	llowing:

- Copies of documentation to support your circumstance
- Signed & dated DETAILED (dates and amounts a financial timeline) 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

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