

2025-2026 PROFESSIONAL JUDGMENT REQUEST

If you, your spouse, or your parent (if dependent) have experienced a reduction in income that may increase your eligibility for need-based, federal funding, you must meet with your financial aid counselor who will provide you with this form (if deemed appropriate) to complete and submit along with all required documentation to the University Student Financial Assistance office. **Please Note: Submission of this form is to determine your eligibility; it does not guarantee an award. Professional judgment requests cannot be used to be considered for institutional need-based funds.**

STUDENT'S NAME: LAST		FIRST	M.I.
STUDENT'S UMB ID #: @00	PROGRAM OF STUDY:		EXPECTED GRAD DATE (Mth/Year):

PLEASE COMPLETE THE FOLLOWING:

When did you/your spouse/your parent(s) income reduction/change in employment take place? _____

Briefly indicate the circumstances surrounding the income reduction/change in employment:

REQUIRED DOCUMENTATION:

Signed and dated letter from the employer verifying the date of the change in employment **(the letter must be dated AFTER the change in employment)**.

1. **2024** IRS Tax Return form(s) for you and your spouse, if married, or for you and your parents, if you are a dependent, and signed somewhere on front of form by appropriate parties.
2. Copy of last pay stub and, if applicable, current pay stub (if experiencing reduction in income).
3. Any other documentation necessary as requested by your counselor.

BY SIGNING BELOW I CERTIFY THE FOLLOWING:

- ☐ I understand that an income adjustment due to a change in employment will not be processed until after the change in employment has taken place.
- ☐ Failure to submit all required documents will delay the processing of this Professional Judgment Request.
- ☐ The information and documentation I am providing is true and correct to the best of my knowledge.
- ☐ I understand that I will be notified in writing of the decision regarding this request within six weeks of my submitting ALL required documents.
- ☐ Submission of this request does not guarantee that I will receive additional funding from the Student Financial Assistance office.
- ☐ My financial aid counselor's decision regarding adjustments is final and cannot be appealed to the Department.

STUDENT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

Documentation Received:

☐ PROFJD Requirement Activated and Set to 'D'

☐ Letter from Employer ☐ 2024 Federal Income Tax Return(s) ☐ Copy of Appropriate Pay Stub(s)

Counselor's Decision:

Final Status of PJ Request: ☐ **APPROVED** ☐ **DENIED** ☐ PJFORM and PROFJD Requirements Updated

Comments/Reason for Denial:

Counselor's Signature: _____ Decision Date: _____