

COLUMBIA INTERNATIONAL UNIVERSITY

FINANCIAL AID • PO BOX 3122 • COLUMBIA, SC 29203-3122 • 1-800-777-2227 EXT 3036

REQUEST FOR A PROFESSIONAL JUDGMENT FOR CHANGE IN DEPENDENCY STATUS

Professional Judgment requests are reviewed on a case-by-case basis in order to consider the adjustment of one or more of the data elements used to calculate the Expected Family Contribution (EFC). In the case of a Professional Judgment for Dependency Override, an adjustment to the student's dependency status is being requested. If, due to extremely unusual circumstances, you believe that a change to the dependency status established for you on your 2007-2008 Student Aid Report is warranted, you may request that a Professional Judgment for Dependency Override be considered by the Financial Aid Office. Professional Judgment requests are reviewed by the Financial Aid Office at Columbia International University (CIU), and are processed under Section 479(A) of the HEA provisions of the Federal Title IV student financial assistance programs.

You should understand that in submitting a Professional Judgment request you are asking that your file undergo additional review by the Financial Aid Office. If your request is granted, this office will be required to submit updates to your file with the Department of Education. **THIS PROCEDURE WILL DELAY AWARDING OF YOUR FILE AND MAY JEOPARDIZE YOUR OPPORTUNITY TO RECEIVE INSTITUTIONAL AID.**

THE FOLLOWING FACTORS WILL BE CONSIDERED IN REVIEWING YOUR REQUEST:

1. The student's ability to demonstrate extremely unusual circumstances that warrant a dependency override.
2. Thoroughly documented circumstances that go beyond the parents' unwillingness to provide support.
3. The presence of factors within the family history, such as abuse or abandonment, that would justify a dependency override

TO SUBMIT A REQUEST FOR DEPENDENCY OVERRIDE, YOU MUST DO THE FOLLOWING:

1. Complete PART ONE, PART TWO, and PART THREE of this request form.
2. Attach all required documentation.
3. Submit this form and ALL required documentation to the Financial Aid Office **as soon as possible**.

PLEASE NOTE:

If you do not meet any of the seven automatic conditions for independence listed in step three of the Free Application for Federal Student Aid, and you wish to be considered for a dependency override, then you must generally meet one of the following criteria. If you do not meet any of these criteria, but you feel that you have other circumstances that warrant review, please contact the Financial Aid Office before completing this document.

1. The student's parents cannot be located.
2. The student has been the victim of domestic violence, and is no longer residing with his or her parents.
3. The student's relationship with his or her parents is completely broken, or has been severely estranged for a prolonged period of time.

Incomplete and/or delayed requests will not be reviewed. Upon receipt of your completed request, your file will be carefully reviewed by the Financial Aid Office. You will be notified of the final decision within 30 business days.

PART ONE

I. Please attach a typed or neatly printed explanation of your reasons for requesting a change to your dependency status. Please be specific and thorough, providing full details regarding the circumstances that form the basis for your request.

II. Please indicate below the value of benefits received during 2006. For example, if a friend allowed you to live in his apartment rent-free for twelve months and you estimate the value to be \$300 per month, you would indicate free room with a value of \$3600

DOLLAR VALUE

BENEFIT YOU RECEIVED

\$ _____

Free Room and/or Meals

\$ _____

Monetary gifts from friends, family, church, etc.

\$ _____

Assistance with tuition from friends, family, church, etc.

\$ _____

Other untaxed income (free use of car, insurance bills paid for you, medical bills paid for you etc.)

PART TWO

REQUIRED DOCUMENTATION:

1. A signed photocopy of the student's 2006 federal income tax return.
2. Copies of current pay stubs to document wages from 2007.
3. Documentation verifying the types and amounts of benefits reported in part one (gifts received, bills paid, etc).
4. Documentation verifying other income or resources (unemployment compensation, social security benefits, etc).

PART THREE

I certify that the above and attached information is complete and accurate to the best of my knowledge.

Student's Signature

Social Security Number

Date