

**COLUMBIA INTERNATIONAL UNIVERSITY**

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

**REQUEST FOR A PROFESSIONAL JUDGMENT DUE TO  
EXTENDED FAMILY SUPPORT**

Professional Judgments are handled on a case-by-case basis to consider the adjustment of one or more of the data elements used to calculate the Expected Family Contribution (EFC). If, due to special circumstances, you believe that the EFC calculated on your 2007-2008 Student Aid Report does not accurately represent your financial situation, you may request that the Financial Aid Office review your file and exercise Professional Judgment to adjust your data element(s) accordingly. 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 programs.

You should understand that in making a Professional Judgment request you are asking for your file to undergo an additional review by our office. If your request is granted, this office will be required to make additional 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 UPON REVIEWING YOUR REQUEST:**

1. The documented expenses related to the extended family support incurred during the 2006 tax year.
2. The documented projected expenses related to the extended family support for the 2007 school year.
3. The degree to which the documented expenses will affect the family's ability to contribute toward the cost of education.

**IF YOU WISH TO MAKE A PROFESSIONAL JUDGEMENT REQUEST, YOU SHOULD DO THE FOLLOWING:**

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

**PLEASE NOTE:**

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**

Please neatly print or type below a detailed description of the circumstances resulting in your request for special consideration of your financial situation.

Student's Name \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

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**PART TWO**

1. Do you currently contribute financial support to a relative (or relatives) not counted as a member (or members) of your household?  yes  no

**REQUIRED DOCUMENTATION:** *Third-party* statement verifying extended support and a copy of 2006 Federal Tax Return.

2. If "Yes", provide the following information for each relative:

Name of the supported relative: \_\_\_\_\_

Age of the supported relative: \_\_\_\_\_

Relative's relationship to student: \_\_\_\_\_

Support began (month/year): \_\_\_\_\_/\_\_\_\_\_ Support ended (month/year) \_\_\_\_\_/\_\_\_\_\_

Amount of support paid by you in 2006 on behalf of the extended family member \$ \_\_\_\_\_

Amount of support paid by other sources on behalf of the extended family member in 2006: \$ \_\_\_\_\_

**REQUIRED DOCUMENTATION:** Receipts for support paid and payments made on behalf of the extended family member.

3. Will these expenses be lower, the same, or higher in 2007? Explain the reason.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED DOCUMENTATION:** Copy of bills for payments due.

4. Do you receive any outside financial support on their behalf? \_\_\_\_\_

\_\_\_\_\_

**PART THREE**

I/We certify that the information contained herein and attached is true and accurate, to the best of my/our ability.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date