Office of Financial Aid

2026-2027 PROFESSIONAL JUDGMENT FORM

Student Name: _____ **Student ID:** _____

Indicate the reason for requesting professional judgment consideration. You must document the reason for your appeal and submit non-returnable copies of your documentation to the Financial Aid Office. Requests submitted without documentation will not be considered.

Please complete, sign, and submit this form with a letter of explanation and the required documentation to the Office of Financial Aid.

See required documentation below:

Please allow 1-2 weeks for our response. Please note that all decisions are final. All Professional Judgment requests must complete the FAFSA, and verification process if selected by submitting all required verification papers along with copies of 2024 Federal tax return and W-2 information. Additional documentation may be requested.

Reason for Request

Please check your reason below and submit documentation that supports your appeal request. See below for required documentation.

☐ **Dependency status override:** Dependency Status: Submit a detailed letter explaining your relationship with your parent(s) and submit a copy of all documents that support the claims in your letter. Also include two (2) **signed** additional letters of support from NON-relative third parties that knows the students situation such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency or court that can confirm the statements in your letter of explanation. The letters of support should also include how they know you, how long they have known you, and contact information.

☐ **Loss of income or change in source of income (Check all that apply):** ☐ **Parent** ☐ **Student** ☐ **Student's Spouse** Loss or significant change in income: Parent/Student/Student's Spouse: Submit proof of prior-year income and current-year expected income. If there is a loss of income, submit proof of reason for and date of income loss such as unemployment form. Include most recent paystub(s) and letter from employer(s).

☐ **Medical and dental expenses not covered by insurance:** Excessive medical and dental expenses: Submit proof of actual medical and dental payments made in the prior year and the current year that were not reimbursed by insurance.

☐ **Death of parent/spouse:** Submit a copy of the death certificate and surviving parent's or student's expected current-year income.

☐ **Divorce or separation (Please Check One)** ☐**Parent** ☐**Student:** Submit a copy of the divorce decree or a letter of separation from court or lawyer. Include the current-year expected income of the student, if independent, and/or the custodial parent for dependent students.

☐ **Other extenuating circumstances:** Submit a letter explaining your special circumstances. Submit as much documentation as possible to support your reason for requesting consideration.

Student's Signature: _____ Date: _____

Parent's Signature (if applicable): _____ Date: _____

Please return this document to the Financial Aid Office in-person (Main Building, Suite 24) or via email financialaid@bccc.edu.
If you have questions, contact the Office of Financial Aid via email financialaid@bccc.edu or phone 410-462-8333.

OFFICE USE ONLY: ☐ APPROVED ☐ DENIED Reviewed by _____ Date _____

REASON:

2901 Liberty Heights Avenue, Baltimore, MD 21215-7807 | 410.462.8300 | bccc.edu