



Office of Financial Aid

2026-2027 COA PROFESSIONAL JUDGMENT FORM

Student Name: _____ Student ID: _____

A Professional Judgement Appeal may also be submitted for consideration for Cost of Attendance increases for unusual expenses incurred for educational purposes. Adjustments in Cost of Attendance are generally limited to the following situations:

- Costs associated with a student's disability.
- Childcare expenses for a dependent child or student
- One-time purchase of a computer for educational expenses
- One-time costs of professional licensure required for a student's major.
- Other extenuating circumstance(s)
- Health Insurance Fees

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, schedules as applicable 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. Professional Judgement Appeals are reviewed on a case-by-case basis and require a letter of explanation and supporting documentation.

- ☐ **Disability:** Documentation of disability diagnosis, costs related to students' disability (ex: personal assistance, transportation, equipment or supplies).
- ☐ **Child Care Expenses:** Proof of dependent care expenses paid for the current academic year and what changed.
- ☐ **Unusual 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. Copy of Schedule A (tax form)
- ☐ **Computer Purchase:** Proof of cost of computer required for educational purposes or proof of purchase. (This is a one-time adjustment).
- ☐ **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 _____

RFASON:

