Colby·Sawyer College

2026-2027 Professional Judgement
Special Circumstances

Use this form to communicate **Special Circumstances**, such as a significant decrease in income or a life event that has altered your income since completing the FAFSA.

- ☒ If you believe you have **Unusual Circumstances** – such as human trafficking, refugee or asylee status, parental abuse or abandonment – that may lead to changing a student's dependency status, more commonly referred to as dependency override, or an Independent Status Request due to Homelessness, please contact the financial aid office for guidance on next steps.

Requests are reviewed on a case-by-case basis by the financial aid director after a Professional Judgement Request form is completed and submitted with all required statements and supporting documentation; students are notified via email of a decision within 30 days.

Section A: Student Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Colby-Sawyer ID
Student's Mailing Address (include apt. number, if applicable)			Student's Date of Birth
City	State	Zip Code	Student's Home Phone Number
Student's Email Address			Student's Cell/Alternate Phone Number

Section B: Provide a written statement

Please provide a required written statement regarding your Special Circumstances. You may attach a separate page if you need additional space.

Section C: What Best describes your Special Circumstances?

☐ **Reduction in income or Loss of Employment**

Reduction in Income

- Provide employer letter verifying reduction in salary
- Provide most recent pay stubs

Loss of Employment

- Provide letter verifying of separation from employer
- Provide Severance Benefit Statement and/or Unemployment Benefit Statement
- Provide the last pay stub from employer

☐ **Separation or Divorce**

- Provide legal documentation of separation or divorce
- Provide documentation of current address of BOTH parents
- Provide most recent W2's and/or 1099's for BOTH parents

➢ *If the student was married, provide the documentation above as it pertains to the student and former spouse.*

☐ **Parent or spouse included on the FAFSA has passed away**

- Please contact the financial aid office for guidance on next steps

☐ **Unreimbursed medical expenses**

- Provide copies of paid out-of-pocket bills for unusually high medical expenses

Section D: Federal Tax Verification

☐ US Department of Education verification must be completed before adjustments may be made

- Dependent Students: https://www.colby-sawyer.edu/fs/resource-manager/view/a7b4905b-603e-400a-b0f2-9a9103fac538
- Independent Students: https://www.colby-sawyer.edu/fs/resource-manager/view/ffd54442-ed6f-4fb1-ace7-71afa5cafb89

-OR-

☐ I have already completed tax verification

Section E: Certification and Signatures

Your signature on this form indicates that the information provided is true and complete to the best of your knowledge. You also understand that purposely providing false or misleading information may result in a fine, jail or both.

_____ _____

Student Signature (*Required*) Date

Please upload or mail this worksheet and any related documents to the Financial Aid Office.

Upload:	**Mail:**
https://www.dropbox.com/request/Z6aiO6ER2AZ63jP0RmVi	Colby-Sawyer College Financial Aid Office 541 Main Street New London, NH 03257

Contact Us:
Phone: 603-526-3717 / 800-272-1015
Email: financialaid@colby-sawyer.edu
Please do not submit this form via email

We recommend that you make a copy of this worksheet for your records.