



PROFESSIONAL JUDGEMENT REQUEST FORM

The Northern Marianas College Financial Aid Office uses your Student Aid Index (SAI) to determine how much financial support you may need. Your SAI is calculated using information that you (and other contributors, if required) provide on the Free Application for Federal Student Aid (FAFSA). Your SAI may not accurately reflect special circumstance for individual students and/or families. Financial Aid Administrators (FAAs) have the authority to take into consideration unique circumstances not reflected on the FAFSA. **If your SAI is between -1500 to 0, do not submit this form.**

If you feel you have extenuating circumstances (see list in Step 2) that affect the data reported on your FAFSA, please submit a Professional Judgment Request Form. All Professional Judgment Request Forms are required to have a detailed letter of explanation and supporting documentation.

Failure to submit requested documents in a timely manner will delay the processing of a decision. Include your Student ID Number on all supporting documentation. Please check your student email for correspondence from our office. **Changes resulting from this review do not guarantee an increase in your financial aid eligibility.**

A. STUDENT INFORMATION:

Last Name:		First Name:		Middle Initial:
Address:	City:	State:	Zip:	
Social Security Number:		Student ID Number:		Date of Birth:
Primary Phone Number:		Student's Email: _____@my.marianas.edu		

B. INSTRUCTIONS:

STEP 1: For the person(s) affected by the special circumstances, please provide a letter of statement/explanation (see letter template in Page 3).

STEP 2: For the person(s) affected by the special circumstances, please select the applicable boxes for the special circumstances(s) you wish to be considered. (see list in Page 2).

STEP 3: Provide all required signatures on Section E – Page 3

STEP 4: Submit this form along with all required supporting documents by uploading them to your Proa Portal+.

STEP 5: NMC FAO will review your appeal and will notify you in writing of your appeal status. Please check your student email for correspondence from our office.



C. SPECIAL CIRCUMSTANCE (SELECT ONE):

**Additional documents may be requested. **

	Special Circumstance	Explanation	Persons Affected	Required Documentation
<input type="checkbox"/>	Income Loss or Change	Student/spouse and/or your parent(s) had a significant loss of income due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work must have lasted at least 6 weeks.	<ul style="list-style-type: none"> • Student • Spouse • Parent 	<ul style="list-style-type: none"> • Detailed statement/explanation • Tax Return(s) • W-2(s) and/or 1099 statements • Unemployment payment record • Letter from employer(s) on letterhead, certifying the last date of employment or reduction of work hours or pay rate
<input type="checkbox"/>	Benefit Loss or Change	Student/spouse and/or parent(s) received unemployment compensation and/or untaxed benefit, but have completely lost the Benefit. The untaxed income or benefit must be from a public or private agency and must have lasted at least 6 weeks.	<ul style="list-style-type: none"> • Student • Spouse • Parent 	<ul style="list-style-type: none"> • Detailed statement/explanation • Copy of statement from agency with effective dates of benefits
<input type="checkbox"/>	Divorce or Separation	Student or parent separated or divorced after filing a FAFSA.	<ul style="list-style-type: none"> • Student • Spouse • Parent 	<ul style="list-style-type: none"> • Detailed statement/explanation • Copy of legal separation documentation, proof of separation, or divorce decree.
<input type="checkbox"/>	Death	Death of spouse, parent, household dependents after filling a FAFSA.	<ul style="list-style-type: none"> • Student • Spouse • Parent 	<ul style="list-style-type: none"> • Detailed statement/explanation • Copy of Death certificate(s) • Receipts of funeral expense
<input type="checkbox"/>	Unusual Medical/Dental Expenses (not covered by insurance)	Excessive out of pocket medical and/or dental expenses	<ul style="list-style-type: none"> • Student • Spouse • Parent 	<ul style="list-style-type: none"> • Detailed statement/explanation • Must provide an itemized list of all expenses that required to pay personally; attach copies of all receipts or payments.
<input type="checkbox"/>	Other	Other substantial factors impacting household or income not listed above (thorough explanation required).	<ul style="list-style-type: none"> • Student • Spouse • Parent 	<ul style="list-style-type: none"> • Detailed statement/explanation • Documentation verifying the circumstances described, including but not limited to copies of checks, invoices, billing statements, etc.



D. STATEMENT OF EXPLANATION:

SPECIAL CIRCUMSTANCE LETTER

THE STATEMENT MUST INCLUDE:

- **Explanation:** Must provide detailed personal letter of financial hardship explaining special circumstance
- **Dates:** Provide the dates of events leading to the circumstance, including whether the circumstance is ongoing
- **Amounts:** Report the amounts for any income or benefit received or lost, of expenses paid or support provided
- **Names/Relationships:** Names of the person(s) impacted by the circumstance and their relationship to one another/the student
- **Contact Information:** Provide student and parent (if dependent) phone number and email address

Date: _____

Student ID Number: _____

To: NMC Financial Aid Office

I, _____ and _____, would like to
Student Name Parent Name (if dependent)
 request for an adjustment towards my _____ FAFSA application submitted to the NMC Financial Aid Office.
Application Award Year

EXPLANATION:

E. CERTIFICATION:

I (we) certify that all the information provided is correct. I (we) understand that adjustments can be approved only in situations provided for by federal regulation and policy that have been appropriately documented. If I (we) have not provided the required documents, my (our) request will delay the processing of a decision and/or be denied. I (we) understand that providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines, or both.

Student Signature: _____
(unable to accept electronic signature)

Date: _____

Parent Signature (if dependent): _____
(unable to accept electronic signature)

Date: _____



E. FINANCIAL AID OFFICE USE:

FOR FAO USE ONLY:

Appeal Request Approved

Appeal Request Denied

Student ID Number: _____

Comments: _____

FAO Staff Name: _____

FAO Staff Name (concurring): _____

FAO Staff Signature: _____

FAO Staff Signature (concurring): _____

Date: _____

Date: _____