



**CORNISH**  
COLLEGE  
OF THE ARTS

e: [finaid@cornish.edu](mailto:finaid@cornish.edu)

f: 206.726.5109

p: 206.726.5063

1000 Lenora St., Seattle, WA 98121

## OFFICE OF FINANCIAL AID

# Professional Judgment Review Form 2025–2026

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student

Email: \_\_\_\_\_

### What is a Professional Judgment Review?

A Special Circumstances/Professional Judgment Review is a justifiable and documented request for recalculation of your Student Aid Index (SAI) from the FAFSA, or your student budget, based on unusual or extenuating circumstances not reflected in your original FAFSA submission. This form is for those students and families with a special circumstance who may qualify for a reevaluation of financial aid. Submitting this form does **NOT** guarantee a change in financial aid.

### 2025–2026 Type of Situation:

The following questions will help the Office of Financial Aid understand how to assist you. Please click on the check box that best describes your situation. You may select more than one option, if applicable.

- ☐ **A parent had a change in employment status**
- ☐ **A reduction or discontinuation of untaxed income, such as:**
  - **Child Support**
  - **Social Security**
  - **Worker's Compensation Massive**
- ☐ **Change of income in 2024**
- ☐ **Loss of a one-time benefit or payment, such as:**
  - **IRA**
  - **Pension distribution**
- ☐ **Your family experienced outstanding medical/nursing home expenses not covered by insurance**
- ☐ **You live in an abusive home environment**
- ☐ **Death in the family**
- ☐ **Your parents have separated or divorced since submitting the FAFSA**
- ☐ **New dependent care or elder care expenses**
- ☐ **You have a special circumstance different from those described above**



# OFFICE OF FINANCIAL AID

1000 Lenora St., Seattle, WA 98121 | p: 206.726.5063 | f: 206.726.5109 | e: [finaid@cornish.edu](mailto:finaid@cornish.edu)

## Required Documentation:

- You must submit documentation to the Office of Financial Aid, depending on your circumstance(s). Refer to the table below for accepted documentation in each situation. **Tax returns and W2s, if indicated, are always required.** Besides tax returns, you must submit one document from the list, whichever most strongly supports your appeal.
- Please add your name and student ID# on every document you submit.
- Submit this form and required documentation via this secure link:  
[Click here](#)
- Use your Student ID#** when uploading through the secure link

| Circumstance                                 | Required Documentation  |
|--|---|
| Loss of employment                           | <ul style="list-style-type: none"> <li><b>Tax return &amp; W2 for 2023 and 2024</b></li> <li>Letter from employer documenting final day of employment</li> <li>Documentation of unemployment and/or disability benefits</li> </ul>                |
| Loss/reduction of benefits                   | <ul style="list-style-type: none"> <li><b>Tax return &amp; W2 for 2023 and 2024</b></li> <li>Documentation of termination of benefits</li> <li>Documentation of change in benefits</li> <li>Documentation of year-to-date benefits</li> </ul>     |
| Massive Change in Income                     | <ul style="list-style-type: none"> <li><b>Tax return &amp; W2 for 2023 and 2024</b></li> <li>Documentation with date of income change</li> <li>Pay stubs demonstrating different incomes</li> </ul>   |
| Outstanding Medical or Nursing Home Expenses | <ul style="list-style-type: none"> <li>Receipts/documentation of medical/nursing home expenses paid out of pocket without reimbursement from insurance</li> <li>Proof of payment if not itemized</li> <li>Patient must be in household</li> </ul> |
| Abusive Household                            | <ul style="list-style-type: none"> <li>Testimonials from family or friends</li> <li>Letter from a counselor/doctor</li> </ul>   |
| Death of parent or spouse                    | <ul style="list-style-type: none"> <li>Death Certificate</li> </ul>   |
| Separation/Divorce                           | <ul style="list-style-type: none"> <li>Separation: Court documentation or proof of separate households/addresses</li> <li>Divorce: court documentation/decreed</li> </ul>   |
| New Dependent/Elder Care Expenses            | <ul style="list-style-type: none"> <li>Birth certificate</li> <li>Proof of adoption</li> <li>Documentation of elder relative(s) added to the household/change of address</li> </ul>   |



**CORNISH**  
**COLLEGE**  
**OF THE ARTS**

**OFFICE OF FINANCIAL AID**

1000 Lenora St., Seattle, WA 98121 | p: 206.726.5063 | f: 206.726.5109 | e: [finaid@cornish.edu](mailto:finaid@cornish.edu)

**Professional Judgment /Special Circumstances Statement**

Use the space provided below to write a detailed and thorough statement regarding the circumstance(s) you would like to have reviewed. Please be as detailed as possible. This form will be stored in your confidential file. The Office of Financial Aid will review your situation once this form and required documentation are submitted.

We cannot process a Professional Judgment Review without required documentation. Please notify us if you foresee difficulty in obtaining any documents that may support the statements in your appeal. After receiving your completed form and documents, the Office of Financial Aid will process your appeal and contact you regarding the outcome.

By signing, I agree that the statement and documentation provided with this form are a correct representation of my current situation which will continue for the duration of this academic year. I understand that any false or misleading statement will be cause for denial of a Professional Judgment Review or a reduction of my financial aid award and could result in my owing a repayment of my financial aid. I further understand that any subsequent change in my circumstances during the year must be reported to the Office of Financial Aid immediately.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent OR Student Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

**FAO Reviewed:** Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Director Approval:** Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_