

**25-26 Re-Evaluation Request:  
Professional Judgment/Special Circumstances**

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate/Cell Phone Number: \_\_\_\_\_

The Office of Student Financial Assistance (SFA) understands that there may be special circumstances not indicated on the FAFSA that can have an impact on a family in many different ways. A Professional Judgment (PJ) is designed to recognize special circumstances and allows financial aid administrators to make adjustments on a student's behalf to more accurately represent the student's/family's financial situation. SFA will re-evaluate each student's unique circumstance on a case-by-case basis, and **does not** guarantee that students who submit this request will be given an adjustment. PJs do not carry over from year to year. Circumstances that **do not** qualify for a PJ according to the U.S. Department of Education regulation HEA Sec. 479A(a) and Sacred Heart University includes:

- Standard living expenses (e.g. Home mortgage, credit card bills, car payments and other consumer items)
- Vacation expenses
- Tithing expenses (religious donations)
- All other discretionary expenses

In addition, SFA will review for additional institutional aid based on the information provided and in accordance with available funding.

**STEP 1:** Please submit a personal letter explaining the hardship(s)/special circumstance(s) with as much detail as possible. **NOTE: You must have already filed the 2025-2026 FAFSA and received an award letter listing your financial aid awards.**

**STEP 2:** Please review the following circumstances and check the section(s) that applies to you. Submit this form together with **all required documentation** to the Office of Student Financial Assistance. If you have any questions about the type of documentation required, please reach out to your financial aid counselor or our main office at [sfa@sacredheart.edu](mailto:sfa@sacredheart.edu).

☐ **Loss of income due to unemployment occurring after January 1, 2024 (choosing to leave a job due to circumstances unrelated to health or working environment does not qualify). Involuntary loss of employment must be for a period of 12 weeks before this form can be submitted.**



# Sacred Heart UNIVERSITY

Office of Student Financial Assistance

## ***Required Documentation:***

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for loss of employment.
- Statement from former employer stating last day of employment
- Copy of unemployment compensation application or letter as to why you will not be applying for unemployment.
- Copies of letter from unemployment denying or approving your application, including amount of compensation and when benefit is to start and end.
- Letter from new employer stating date of hire and amount of compensation.
- Copy of student (and parent if student is dependent) 2024 W-2's.
- Copy of student (and parent if student is dependent) 2024 signed federal tax returns with all schedules.

## ☐ **Loss of income due to illness, disability or death of a student's parent or spouse occurring after January 1, 2024.**

### ***Required documentation:***

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for loss of employment.
- Copy of the death certificate and documentation of any death benefit received.
- Statement from former employer stating days of worked missed or last day of employment.
- Copies of any applications sent to agencies requesting compensation benefits or letter as to why you will not be applying for benefits.
- Copies of letter from agencies denying or approving your application for benefits, including amount of compensation and when benefit is to start and end.
- Copy of student (and parent if student is dependent) 2024 W-2's.
- Copy of student (and parent if student is dependent) 2024 signed federal tax returns with all schedules.

## ☐ **Divorce or Legal Separation after the initial filing of the 2025-2026 FAFSA**

### ***Required documentation:***

- A signed statement outlining the timeline of events including date of separation, date of divorce, etc.
- Copy of divorce paperwork.
- Copy of piece of mail for noncustodial parent showing a different address than student (if separated but not divorced).
- Completed copy of V-1 Verification Worksheet (Steps 1,2,5). This can be found on SHUAwards under "Forms".
- Copy of student (and custodial parent if student is dependent) 2024 W-2's.
- Copy of student (and parent if student is dependent) 2024 signed federal tax returns with all schedules.

## ☐ **Loss of compensation benefits reported on the 2023 federal tax transcript or on FAFSA under the section of untaxed income (e.g. social security benefits, TANF and welfare).**

### ***Required documentation:***

*See next page*



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## Office of Student Financial Assistance

- A signed statement from the student (or parent if student is dependent) describing the situation and reason for loss of benefits.
  - Copy of letter from agency stating the loss of benefit, including amount of compensation and when benefit is to end.
  - Copy of student (and parent if student is dependent) 2023 signed federal tax returns with all schedules.

☐ **Taxable income due to a one time pay out appearing on the 2023 federal tax transcript (e.g. conversion of IRA funds to Roth IRA).**

***Required documentation:***

- A signed and dated statement from the student (or parent if student is dependent) describing the situation and reason for pay out, with the payout amount, and copies of the 1099R (IRA distribution) & 5498 (IRA Contribution).
- Copies of all related invoices and fund balances.
- Copy of student (and parent if student is dependent) 2023 signed federal tax returns with all schedules.

☐ **Medical or dental expenses incurred or will be incurred after January 1, 2024 not covered by insurance or employer.**

***Required documentation:***

- A signed statement from the student (or parent if student is dependent) describing the situation and reason expenses were/are not covered by insurance.
- Copies of all related bills, invoices and payment statements for expenses already incurred.
- Statement from Doctor giving date and estimated cost of expense not yet incurred.
- Copy of student (and parent if student is dependent) 2024 signed federal tax returns with all schedules.

☐ **Other special circumstance**

***Required Documentation:***

- A signed statement from the student (or parent if the student is dependent) describing the hardship(s)/special circumstance(s) with as much detail as possible
- Any supporting documentation relevant to your special circumstance(s).

**By signing this form; I certify that all information and documentation is correct and accurate. I also understand that the *approval of a Professional Judgment is not guaranteed*, is at the discretion of the Office of Student Financial Assistance and the outcome is final.**

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

**Parent/Student's Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document may be submitted to the Office of Student Financial Assistance only via SHUAwards (Menu > Documents & Messages > Upload it now!), secure fax, mail or in-person as it contains personally identifiable information.**

**5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (phone) 203-365-7608 (fax)**

**[SFA@sacredheart.edu](mailto:SFA@sacredheart.edu) (email)**