



## REQUEST FOR PROFESSIONAL JUDGEMENT

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

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

City/State/Zip: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Type of Professional Judgment: (Check only one of the following)

Budget Modification (Computer Costs, Child Care Cost, etc.)

Other \_\_\_\_\_

- **All Professional Judgments will need to include the following:**
  - **Most recent pay stubs for student (spouse or parent(s) if applicable)**
  - **Copies of documentation to support your circumstance**
  - **Signed & dated DETAILED (dates and amounts – a financial timeline) statement explaining current situation and the reason for requesting a Professional Judgment**

I am requesting that the Financial Aid Director at Helena College University of Montana consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the Helena College University of Montana only. I agree to provide any documentation requested by the Financial Aid Director if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and any required/requested documentation must be given to the Helena College Financial Aid Office prior to any professional judgment being granted.**

FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601; 406-447-6916,

[www.helenacollege.edu](http://www.helenacollege.edu)

RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or fax to: 406-447-6397.