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Student ID (E Number) Last Name First Name

2027-2028 REQUEST FOR PROFESSIONAL JUDGMENT REVIEW

This form is used to re-evaluate your eligibility for 2027-2028 financial aid. We will process your request only after receiving supporting documentation which confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need. Decisions may take 4-6 weeks. The complete PJ Policy **can be viewed here**.

PLEASE CHECK THE REASON WHICH BEST APPLIES TO YOUR REQUEST FOR PROFESSIONAL JUDGMENT.

Examples of documentation are listed below for common Professional Judgment reasons; however additional information may also be requested from you. A signed paper copy of your 2025 tax information may be required and other years may be requested.

Although each family's situation is reviewed on an individual basis, the following reasons generally do not result in a change to financial aid eligibility: bankruptcy (Chapter 7) and foreclosure. If you are considering Professional Judgment based upon one of these reasons, please contact our office prior to submitting this form.

☐ **Loss/Reduction of Employment (must be out of employment for 4+ weeks)** | Effective Date: _____

- Submit a copy of your parent's letter of separation/termination or letter from previous employer on company letterhead stating effective date and the circumstances under which they left their employment; and
- Submit a copy of the last and current pay statements showing gross year-to-date wages from each job worked for both parents; and
- Submit unemployment benefits statement from state agency stating start and end dates, gross weekly amount, and total amount of benefits; and
- Submit proof of severance pay received, 401K, IRA, stocks/bonds, pensions, or other assets converted to cash.

☐ **Retirement/Military Discharge** | Effective Date: _____

- Letter from employer (DD214, Member-4 copy for military discharge)
- Verification of taxable Social Security Benefits, if applicable
- Verification of retirement benefits if applicable

☐ **Loss of Other Income or Benefits** | Effective Date: _____

The reduction must reflect a significant loss of 2026 or 2027 total income as compared to the income reported on the FAFSA and be at least $2,000. You or your parent must have earned money in 2025 and experienced a significant decrease in resources as a result of disability, natural disaster, involuntary change in employment, or other catastrophic event.

- Submit a letter explaining the situation; and
- Submit proof of amount and type of income lost; and
- Submit a copy of the current pay statement showing gross year-to-date wages from each job worked for both parents.
- Please note: You may be required to submit signed copies of your 2026 and 2027 Federal Tax Returns (in addition to the 2025 returns) before this form will be processed.

☐ **Excessive Medical Bills/Insurance Premiums Paid in 2024, 2025 or 2026.**

Please note, if you have filed a Schedule A with your 2025 or 2026 taxes we are unable to process an additional review of your FAFSA info. You have already received a benefit for these expenses.

- Copy of all PAID receipts for medical/dental expenses, (itemized statements of payments made to pharmacies, doctors/dentists, medical equipment providers and/or hospitals) from those providers.

☐ **One-Time Income – Pension Withdrawal, Sale of Home, IRA Rollover, Etc.**

- Copy of 1099-R or other legal documentation

☐ **Other**

- Include appropriate documentation (contact our office if you are unsure of what type of documentation to provide)

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PLEASE SELECT THE YEAR FOR WHICH YOU ARE PROVIDING INFORMATION *(You may use only ONE year.)*:
☐ 2026 Actual Income ☐ 2027 Estimated Income

Provide ACTUAL income for 2026 - OR - ESTIMATED income for 2027. Use ANNUAL amounts rather than monthly amounts. If you are a Dependent student enter info for your parents. If you are an Independent student enter information for yourself and spouse if married.	**STUDENT / PARENT 1 NAME:** _____	**SPOUSE / PARENT 2 NAME:** _____
Taxed Income:		
Total Wages *(Provide copies of your 2026 W-2 form(s) - OR - most recent pay stub for 2027)*	$	$
Unemployment Benefits	$	$
Interest/Dividend Income	$	$
Business/Farm Income	$	$
Pension/Annuity/Retirement Benefits	$	$
Taxable Social Security Benefits *(do not include untaxed amounts)*	$	$
Alimony/Spousal Support	$	$
Insurance Benefits	$	$
Military or Clergy Housing/Food Allowances	$	$
Disability Benefits	$	$
Severance Pay	$	$
Other *(Such as Rent Received or Capital Gain, found on federal tax return)*	$	$

HOUSEHOLD MEMBERS

Provide information on household members whom you or your parent will support between July 1, 2027 and June 30, 2028. If any other household members attend college, please attach documentation from the school of the student's financial aid, total bill and amount paid. Award letters are acceptable.

Name	Age	Relationship to Student	Name Of College

PLEASE ATTACH AN EXPLANATION OF CIRCUMSTANCES CHECKED ON THE FORM FOR A REEVALUATION TO BE CONSIDERED.

I certify that, to the best of my knowledge, all of the information on this form is accurate. I also understand that Eastern Illinois University may use follow-up procedures to verify data that I have submitted and/or has been submitted on my behalf. All information will remain confidential.

_____ _____

STUDENT SIGNATURE DATE

_____ _____

PARENT / SPOUSE STUDENT SIGNATURE DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **FINAIDVERIFICATION@EIU.EDU** or by fax at 217-581-6422. Be sure to attach your explanation of circumstances.

EASTERN ILLINOIS UNIVERSITY

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
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