Mesabi Range Community College
Request for Professional Judgment

Name: ____________________________________Student ID: ________________
(Please print)
Phone Number: ___________________ Cell Phone: ___________________

I am requesting a Professional Judgment for the following reason:

○ Reduced expected family contribution
    □ Layoff/termination
    □ Death
    □ Separation/divorce papers.

○ Increased cost of attendance
    □ Credits over 15
    □ Course required supplies
    □ Book charges over $500

○ Change of dependency status to independent

○ Parent attending college half-time or more for at least one term and is pursuing a Degree/diploma

○ Child attending a private K-12 institution

○ Parent is approved for a PLUS loan but has no ability to repay the loan.

○ OTHER  _____________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________

Income adjustment requested for (circle one)

STUDENT  STUDENT SPOUSE  FATHER  MOTHER

• I/we understand that all information requested by the financial aid department must be submitted before a judgment will be made.
• I/we certify under penalty of perjury that the information provided on this form and for this professional judgment request is accurate and complete to the best of my/our knowledge

Student Signature: ___________________________ Date: _________________

Parent Signature (if dependent): ___________________________ Date: _________________
Required Supporting documentation:

☐ ________ year Federal tax return and schedules
☐ ________ year W2 and 1099
☐ Current year to date pay stub for current job
☐ Year to date pay stub for previous job
☐ Unemployment summary from the State Website
☐ Proof of divorce/separation
☐ Copy of death certificate
☐ List of educational expenses beyond usual and customary
☐ Budget Form
☐ Tuition and fee Statement
☐ Statement from a professional (Counselor, clergy, personal representative)
☐ Other____________________________________________________________
☐ Other____________________________________________________________
☐ Other____________________________________________________________
☐ Other____________________________________________________________

OFFICE USE ONLY: Professional Judgment  
Financial Aid Officer: Date:  
Financial Aid Director: Date:  
Approved  
Not Approved