Albany College of Pharmacy
AND HEALTH SCIENCES
EST. 1881

2016-2017 Professional Judgment Review of Special Circumstances

Albany College of Pharmacy and Health Sciences recognizes that a student and their family may experience a significant change to their financial situation after their Free Application for Federal Student Aid (FAFSA) has been filed. This form allows you the opportunity to request a review of your family's financial circumstances for extenuating instances. All sections of this form must be complete for your request to be evaluated.

Section I – Personal Information

(Please print)

Last Name _____ First Name _____ MI _____

Social Security Number _____ ACPHS Student ID #_____

Section II – Description of Special Circumstance

(Please check one)

Attach a statement detailing your special circumstance as selected below. You must include the applicable 2016-17 Verification Worksheet with a copy of your 2015 tax return transcript and all 2015 W-2s for yourself and your parents or spouse. Items also required include, but are not limited to, the information requested next to your selection. Your counselor will contact you if any additional supporting information required, such as tax documentation for prior years.

	Special Circumstance	Documentation Required
☐	Loss or change of income earned from employment	A letter or email explaining the circumstance; Most recent paystubs; employment termination notice showing last day worked; severance package; notification from employer verifying income change
☐	Loss or change in unearned income (such as Social Security, Worker's Compensation, Child Support, Pension/annuities, Disability, Unemployment)	A letter or email explaining the circumstance; Benefit termination notification showing date income terminated; proof of payments received in 2015; proof of payments received in 2016
☐	Death or parent or spouse	Copy of death certificate
☐	Excessive medical expenses not covered by insurance	A letter or email explaining the circumstance; Copy of Schedule A from 2015 federal tax return if you itemized medical expenses; statements from doctors, hospitals, etc. showing personal payments
☐	Other – (Please explain) _____ _____	A letter or email explaining the circumstance; Provide supporting documentation of your financial hardship

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Section III – Estimated Change in Income

This section must be completed to show changes in income for the household. Please be as specific as possible when indicating dollar amounts.

	Student		Parent(s)		Spouse	
Estimated Gross Income	**2015**	**2016**	**2015**	**2016**	**2015**	**2016**
Wages/earnings						
Interest Income						
Pension						
Self employment/Farm						
Alimony						
Unemployment						
Other						
TOTAL						

	Student		Parent(s)		Spouse	
Estimated Untaxed Income	**2015**	**2016**	**2015**	**2016**	**2015**	**2016**
Social Security/SSI						
Child Support						
Pension/Annuity (untaxed)						
Worker's Compensation						
Disability benefits						
Cash Support						
TANF/Welfare						
Other						
TOTAL						

Section IV – Certification

I/we certify that all information reported on this form is complete and accurate. I understand that completion of a special circumstance form does not guarantee any changes in my eligibility for financial aid. I acknowledge that all decisions made by the Office of Financial Aid are final.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____