

Consideration for Professional Judgment

| | |
|--|-------------------------------------|
| Name: _____ | |
| Date of Birth: _____ | MSU ID #: _____ |
| E-mail: _____ | Phone Number: _____ |
| I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete. | |
| Signature: _____ | Date: _____ |
| Parent Signature: _____ | Parent Signature Date: _____ |

This form is for the specific purpose of requesting that the Office of Financial Aid and Scholarships consider your extreme or unusual situation regarding your financial aid file.

***NOTE: Submission of this form does not guarantee changes or an increase in your financial aid.

FORM REQUIREMENTS:

- You **MUST** include a **TYPED PERSONAL STATEMENT** with this request that details your specific situation.
- If there is documentation to support your request, it **MUST** be attached and submitted.
- This form **MUST** be received by our office at least 3 weeks prior to the end of the semester that you are requesting financial aid consideration for.

Indicate semester(s) to which re-evaluation applies. Check ALL that apply:

- Fall 20 ____ Spring 20 ____ Summer 20 ____

Check the box next to the statement that best describes your request:

- I do not have a prior Bachelor's degree.** (No statement or documentation required) This will be confirmed with Admissions and the US Department of Education.
- Incorrect information reported on FAFSA.** In statement, explain what was reported incorrectly on your FAFSA. This may result in our office selecting you for a process known as **verification** in which we collect documentation to confirm the accuracy of information provided on the FAFSA
- Incorrect asset information reported on FAFSA.** In statement, explain what asset(s) were reported incorrectly on your FAFSA. This may require additional information such as Federal tax return transcripts or bank statements reflective of the date you originally filed your FAFSA.

Consideration for Professional Judgment

- Re-evaluation of number in household (immediate family only).** In statement include name and age of each individual, and indicate how they are related to you. If this is an unborn child, please include the due date.
- I would like to include OTHER PEOPLE (outside of my immediate family) in household size.** In statement, explain who the individual is to you and how/why you are supporting them. Report any income the individual is receiving. This may include earned income, unemployment, Social Security benefits, etc.
- Re-evaluation of parent in college.** List the name and address of the college your parent is attending AND specify what degree they are seeking. (i.e. 1st Bachelor's degree, etc.)
- My request is NOT listed on this form.** Attached a personal statement that explains your request in detail.

COLORADO APPLICATION FOR STATE FINANCIAL AID (CASFA) UPDATES ONLY

- I made a mistake on my CASFA and need to change it.** Explain what needs to be updated below. If you need more room, please submit a statement on a separate document.