

## 2023-2024 Professional Judgement Request

The University of La Verne's Office of Financial Aid recognizes the formula used to calculate your Expected Family Contribution (EFC) may not accurately reflect special circumstance for individual students and/or families. Financial Aid Counselors have the authority to take into consideration unique circumstances not reflected on the Free Application for Federal Student Aid (FAFSA). If you feel you have extenuating circumstances (see list in Step 2) that affect the data reported on your FAFSA, please submit a Professional Judgment Request along with supporting documentation of your circumstance as listed. Changes resulting from this review do not guarantee an increase in your financial aid eligibility. Failure to submit requested documents in a timely manner will delay the processing of a decision. Include your Student ID on all documents. Please check your student email for correspondence from our office.

Submit this form and all supporting documents by uploading it via the Portal: <https://myportal.laverne.edu/> Alternatively, you may:

1. Fax documents to (909) 448-1629; be sure to include your student ID number on each page.
2. Submit documents in person to the Office of Financial Aid in Woody Hall, corner of 3rd & B in La Verne.
3. Mail documents:

University of La Verne  
Office of Financial Aid  
1950 Third Street  
La Verne, CA 91750

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### Student Information

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Step 1:



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### Step 3: CERTIFICATION

I declare with my signature below, that the information I am providing is true and correct. At the end of the calendar year, I authorize the Office of Financial Aid at the University of La Verne to verify my income with the appropriate agencies. I understand that if the University of La Verne determines that the information was not accurate, I may be required to REPAY any additional financial aid I have received as a result of this request. I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted and that I am responsible for any outstanding balance owed to the university.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature (If Applicable): \_\_\_\_\_

Date: \_\_\_\_\_