

IUSM Professional Judgment Appeal: 2009-2010 Academic Year

General Information for Submitting a Professional Judgment Appeal: An IUSM student may submit this form along with supporting documentation to request professional judgment related to special circumstances that may qualify for the Office of Student Financial Aid Services to adjust the Expected Family Contribution (EFC) or Cost of Attendance (COA) for the 2009-2010 Academic Year.

Special Circumstances are defined and limited to:

- | | | |
|--|--------------------------------------|---|
| ◆Purchase of a computer (up to \$3000) | ◆Child Care Costs | ◆Spouse/Family health insurance premium |
| ◆Lodging/Transportation for 4 th year away rotation | ◆Professional licensure exam retakes | |

Submission: Please FAX or submit this application and supporting documentation (receipts) to the MSA Financial Aid office to determine if you are eligible for a professional judgment adjustment. You will receive an email notification at your IUPUI email address of the decision within 10 to 15 business days.

Requested Aid (if applicable): Should you become eligible for additional financial aid as a result of this appeal, you are requesting the following:

- | | | |
|--|-----|----|
| ◆ Additional Stafford loan (if eligible): | Yes | No |
| ◆ Additional Graduate PLUS loan (if eligible): | Yes | No |

PART I: Applicant Information

Student Name: _____ **University ID:** _____ (10 Digits)
IUPUI Email Address: _____

PART II: Supporting Documentation

◆**Dependent child care** (for independent students only) between August 2009 and May 2010. Documentation for child care: Invoice from provider and cancelled check or payment receipt with dates.

Name (s) and Age (s) of dependents:

Total cost of dependent care:

◆**Purchase of a personal computer** during Academic Year 09-10. Documentation: Receipt listing computer purchase with verification of payment with dates.

Total cost of personal computer purchase:

◆**Cost for re-take of professional licensure exams** (USMLE Step 1, Step 2 CK, or Step 2 CS). Documentation: Receipt listing professional licensure examination with verification of payment with dates.

Total cost for re-take of USMLE:

◆**Cost for lodging and transportation** for MS 4 students who complete an away rotation. Documentation: Receipts listing lodging and transportation costs with verification of payment with dates. For transportation, include documentation (MSN maps, Google Maps, or Map Quest) verifying round trip miles driven from your lodging location to your rotation location.

Total cost for lodging and transportation:

◆**Cost for premium of Spouse/Family Health Insurance** (does not include student premium). Documentation: Receipt listing cost with verification of payment with dates.

Total cost of premium:

PART III: Affirmation Statement (Sign & Date)

My signature below indicates that information on this form and the supporting documentation that is submitted are true and accurate to the best of my knowledge. I authorize the IUSM Financial Aid Office to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

Signature of Student and Date: