

Student Name: _____ EOU SID: 910-_____

EOU email: _____@eou.edu Phone: _____

When your financial aid was determined for the 2026-2027 award year, it was based on the 2024 information you provided on the Free Application for Federal Student Aid (FAFSA). Unfortunately, a family sometimes experiences extenuating circumstances that affect its ability to contribute financially towards a student’s education. This form is to address those situations.

A financial aid administrator may use professional judgment (PJ), if it is within the intent of the law, to adjust certain data elements on your FAFSA and recalculate your student aid index (SAI). Your request will be given careful consideration and will extend the processing time. A financial aid administrator is NOT required to adjust awards. Making a request for a review of special circumstances does not guarantee an increase in funding.

THIS APPEAL WILL NOT BE CONSIDERED WITHOUT DOCUMENTATION ATTACHED. Documentation should verify (prove) what you state as your reasons for the appeal. Failure to provide adequate documentation will result in your appeal being denied. Additional documentation may be required. Check your EOU email regularly. A professional judgment can take up to 60 business days to complete. All PJ decisions are **final**, the notification of which will be sent only to your EOU email address.

Checklist of what you need to submit:

- ☞ **All appeals require, with this *signed* form (you do not need to include the checklists), the following:**
 1. **DETAILED letter explaining your special circumstances (i.e. what has changed),**
 2. **DOCUMENTATION supporting the change you are requesting (please see examples on the following pages), and**
 3. **If selected for verification, the relevant verification form and supporting documents. (eou.edu/financial-aid/forms/#ver)**
 4. **Balance of cash, savings & checking, and net worth of investments, business and/or farm.**

Each person signing this special circumstance appeal certifies that all the information you will submit for professional judgment is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may cause you to be fined, sent to prison, or both.

Parent’s Signature (for dependent students)

Student’s Signature

Date

Signatures must be hand-drawn; typed signatures will not be accepted.

Review the situations on the following pages. Check the situations that apply and include those relevant additional documents with your signed special circumstance appeal.

Assets (sometimes required when making a correction to your FAFSA).

Total of cash, savings, and checking account on the day you filled out the FAFSA.	\$
Net worth of investments, including real estate, on the day you filled out the FAFSA.	\$
Net worth of businesses and investment farms on the day you filled out the FAFSA.	\$

Please put the student's name and ID number on all attached documents to prevent processing delays.

<input type="checkbox"/> SUBSTITUTE BASE FAFSA YEAR <i>If your family's income has changed AND if your family's <u>anticipated</u> income during the 2026-27 AY is accurately reflected by the current year's tax return, please include the following documents for the individual(s) with the change:</i>		
Documentation Needed:	Parent(s), if applicable	Student (and Spouse)
2025 (through 4/15/2027) or 2026 (after 2/1/2027) Tax Return Transcript	<input type="checkbox"/>	<input type="checkbox"/>
2025 (through 4/15/2027) or 2026 (after 2/1/2027) Wage & Income Transcript	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> LOSS OF EMPLOYMENT <i>That took place for at least 13 consecutive weeks after January 1, 2025.</i>	
Documentation Needed (one or more of the following):	
<input type="checkbox"/> Official documentation verifying date of job loss (e.g. severance letter, unemployment decision, etc.). <input type="checkbox"/> Final paycheck stub(s) from lost job (or a letter from your last employer stating the date your employment ended and year-to-date earnings) and most recent paycheck stub(s) of any and all employment. <input type="checkbox"/> Unemployment history summary reporting benefits received to date and balance remaining or a signed statement that you did not or will not receive unemployment benefits. <input type="checkbox"/> If you filed jointly in 2025, your and/or your spouse's 2025 W-2(s), Schedule C, Schedule F, and/or Schedule K-1. <input type="checkbox"/> If employed after job loss, please include a letter from current employer with your start date, hours, and salary. <input type="checkbox"/> Copy of DD214 if your request is due to discharge from active military duty.	

<input type="checkbox"/> LOSS/REDUCTION OF SELF EMPLOYMENT INCOME <i>The loss or reduction of gross income that took place for at least 13 consecutive weeks after January 1, 2025.</i>	
Documentation Needed (one or more of the following):	
<input type="checkbox"/> Statement indicating date of self-employment loss or reduction. <input type="checkbox"/> For loss of self-employment income: Income Statement showing net earned income for the 2025/2026 tax year(s). <input type="checkbox"/> For reduction of self-employment income: Pro Forma Income Statement projecting income for the 2025/2026 tax year(s). <input type="checkbox"/> If employed after loss of self-employment income, please include most recent paycheck stubs of any and all employment.	

<input type="checkbox"/> REDUCTION OF INCOME Check all that apply:	
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<input type="checkbox"/> REDUCTION IN WAGES/HOURS <i>Current employer has reduced wages and/or hours for at least 13 consecutive weeks.</i>	
Documentation Needed (one or more):	
<input type="checkbox"/> Documentation from employer verifying change in employment status (e.g. furloughed, new average hours/new rate of pay) and listing the effective date of change. <input type="checkbox"/> Copies of paycheck stub(s) received before reduction and three most recent paycheck stubs since reduction.	

<input type="checkbox"/> NEW JOB WITH REDUCED WAGES <i>You, your spouse or your parents, if dependent, no longer work for the employer(s) worked for in 2024.</i>	
Documentation Needed (one or more):	
<input type="checkbox"/> Copy of employment termination letter and last pay stub or a letter from last employer stating the date employment ended and year-to-date earnings. <input type="checkbox"/> Copy of the three most recent pay stubs from the new employer. <input type="checkbox"/> Letter from new employer stating new rate of pay, average hours worked and date of hire.	

<input type="checkbox"/> DEPENDENT STUDENT'S PARENT HAS RETIRED Documentation Needed:	
<input type="checkbox"/> Documentation of monthly income sources for all retirement income, including Social Security, if applicable.	

Please put the student's name and ID number on all attached documents to prevent processing delays.

 REDUCTION IN SUPPORT/BENEFITS

You, your spouse or your parent(s), if dependent, lost support or benefits outside of employment (i.e. child support, alimony, unemployment, workers' compensation, Social Security benefits, etc.).

Documentation Needed:

- Third-party, official documentation reporting monthly benefit amount and the date income or benefit was terminated/exhausted, **or**
- Third-party, official documentation reporting original amount, date of reduction and the new, reduced amount.

 DUE TO MEDICAL LEAVE

You, your spouse or your parent(s), if dependent, lost income due to medical leave related to the illness or injury of an immediate family member of the student (or spouse, if applicable).

Documentation Needed (one or more):

- Doctor's note indicating illness/injury related to loss of income and dates surrounding medical leave.
- Disability, workers' compensation or other applicable documentation showing any income generated while on medical leave, as a result of medical leave.
- Last full paycheck stub before medical leave of employee who lost income.

 ONE TIME, TAXABLE INCOME

Check all that apply:

 WITHDRAWAL OF IRA/PENSION/ANNUITY

You, your spouse or your parent(s), if dependent, made a withdrawal/took a distribution of a pension due to hardship (e.g. loss of employment, medical expenses).

Documentation Needed:

- Copy of confirmation of distribution from IRA, pension or annuity account (i.e. receipt).
- Proof of payment and an itemized statement showing how the funds were spent.

 TRADITIONAL IRA CONVERTED TO ROTH IRA IN 2024

Documentation Needed:

- Copy of 1099R or other financial document showing the amount of the conversion.

 SETTLEMENT OR BACK-YEAR SOCIAL SECURITY PAYMENTS

If you received a one-time, taxable, lump sum payment, please include with your explanation the following.

Documentation Needed:

- Documentation to identify the source of the income.
- Proof of payment and an itemized statement showing how the funds were spent.

 DIVORCE/SEPARATION

You or your parents divorced or separated after the FAFSA was completed.

Documentation Needed (one of the following):

- For separation: A signed statement indicating the date of separation AND two official documents (e.g. copy of lease, utility bill, driver's license, etc.) verifying the physical address of the absent spouse/parent (no P.O. boxes).
- For divorce or legal separation: a copy of the divorce decree or legal separation papers, or a letter from an attorney stating marital status of parties involved.

 DEATH OF PARENT OR SPOUSE

Your spouse/parent passed away after the FAFSA was completed.

Documentation Needed:

- Copy of the death certificate or a published newspaper obituary with date of death.

Please put the student's name and ID number on all attached documents to prevent processing delays.

DISABILITY OF THE STUDENT/SPOUSE/PARENT(S)
If you, your spouse or parent(s), if dependent, became disabled since 2025.

Documentation Needed (one or more of the following):

- Medical documentation of disability and any benefits received as a result of the disability.
- Workers' compensation or long-term disability documentation with amounts and duration of payments.
- Income from all sources earned and untaxed for the current calendar year.
- Statement from employer showing earnings for the current year until student/spouse/parent(s) became disabled.

UNUSUAL, NECESSARY MEDICAL/DENTAL EXPENSES
Medical and/or dental expenses that were paid out of pocket in 2025, 2026 or 2027 (i.e. not what insurance covered or reimbursed) for you, your spouse (if applicable) and/or your parent(s)/sibling(s), if dependent. Only amounts greater than 11% of your IPA for your family size and number in college (Table A2 or C2/C3 in the [SAI Formula](#)) will be considered.

Documentation Needed (one or more of the following):

- A copy of Schedule A from your 2025, 2026, and/or 2027 income tax return (itemized deductions schedule).

OR

- Copies of canceled checks for out-of-pocket payments and/or receipts of payments.
- A copy of your FSA or HAS account showing payments AND/OR a copy of your medical account listing payments and dates.

PRIVATE SCHOOL TUITION
Only elementary/secondary tuition expenses paid for in 2025, 2026, or 2027 will be considered, not college tuition.

Documentation Needed:

- Documentation of tuition paid on letterhead or a bill with the names of the children who attended (fees, books, supplies, etc. cannot be included in this amount). Bills not yet paid will not be considered.
- Dependent students: tuition paid for siblings only.
- Independent students: tuition paid for dependent children only.

12 MONTH, YET TO COME ESTIMATED INCOME
If you need to estimate your income for the next 12 months, instead of basing it upon year to date, please complete this section with projected amounts and relevant time frames. All numbers must match documentation that you submit.

All line items must have supporting documentation as to how you came to that number.

Some sources of income that you might be expecting to receive could be wages, salaries & tips, severance pay, interest and dividend income, alimony, business or farm income, partnership and/or S-corporation income, capital gains, pensions & annuities, Social Security benefits, retirement, disability, rents and royalties, workers' compensation, unemployment, veteran's non-education benefits, deductible IRA/Keogh payments, public assistance (e.g. SNAP, TANF, Medicaid or SSI, etc.), child support, living and housing allowance for military or clergy, money received or paid on your behalf by someone else, and more.

Please complete all relevant columns (i.e. the individual(s) with the income change) with amounts for the date range given.

Income Source	Date Range	Student	Spouse	Parent One	Parent Two
TOTAL		\$	\$	\$	\$

Please put the student's name and ID number on all attached documents to prevent processing delays.

PARENT/SIBLING IN COLLEGE
Parent(s)/sibling(s) must be enrolled at least half time in a degree, certificate, or other program leading to a recognized educational credential at an institution with a PPA under section 487 of the Higher Education Act of 1965, as amended (HEA).

Documentation Needed:

Verification of enrollment from the Registrar's Office of the university or college that the parent attends.
 Itemized account summary showing charges and payments for the respective parent/sibling's student account.

ANOTHER SITUATION NOT COVERED ABOVE
If your special circumstance is not covered above, please document it as well as you can and forward everything to the Financial Aid Office for further review. Some things we will not consider are things like the loss of windfall income (e.g. lottery, gambling or bonus income), reductions in overtime pay, and expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage, loan payments, legal expenses, and other discretionary expenses).

Documentation Needed (varies):

Institutional Use Only

Approved TXN _____ SAI _____ date

Denied _____ EMAIL

RRAAREQ ROASTAT RNANA27 SAI Recalc Corr Req RPAAWRD SEOG FWS RHACOMM ROAUSDF ROAIMMP

Professional judgment (PJ), or special circumstance appeal, is a process in which financial aid administrators evaluate a student's situation on a case-by-case basis due to special circumstances unique to the student's family. The evaluation process compares your current situation to the FAFSA year of record. Adjustments to your FAFSA could result in an increase or decrease in SAI and corresponding aid eligibility but will more accurately reflect your family's ability to pay in the current academic year (AY). The Financial Aid Office (FAO) is accountable to the U.S. Department of Education (ED) for all adjustments made, and the reason for any adjustment must be relevant to your special circumstance and be well documented. A student must have a FAFSA on file with Eastern Oregon University (EOU). If a FAFSA has already been submitted, and was selected for verification, the student must complete the verification process as part of this appeal. Students should continue the enrollment process of registration and completing financial aid requirements and should not wait on the outcome of a PJ before completing these items. Not registering and/or not adhering to payment schedules may result in late fees, loss of housing preference, loss of schedule, etc. Students should regularly check their Mountie Hub and EOU email for updates or additional documentation requests.

All submitted documentation becomes part of your official record and therefore cannot be returned. Documents that become part of your Educational Record are protected for privacy under federal law (FERPA).

FAA References:
 Please refer to the guidance in Dear Colleague Letter [GEN-21-02](#) ([GEN-09-05](#) no longer applies) concerning the use of professional judgment (PJ) for persons who are receiving unemployment benefits in a period of economic hardship.
 FSA Partners Library – [Professional Judgment](#)
 NASFAA [AskRegs](#) and [Reference Desk](#)