| 2627 | ΧI | PJ27 | | | | | | | | | | | | | | | | | | | | | | |
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| Thi | 2026-2027 REQUEST FOR PROFESSIONAL JUDGMENT REVIEW This form is used to re-evaluate your eligibility for 2026-2027 financial aid. We will process your request only after receiving supporting | | | | | | | | | | | | | | | | | | | | | | | |
| do | documentation which confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need. Decisions may take 4-6 weeks. | | | | | | | | | | | | | | | | | | | | | | | |
| | The complete PJ Policy can be viewed here. | | | | | | | | | | | | | | | | | | | | | | | |
| PL | PLEASE CHECK THE REASON WHICH BEST APPLIES TO YOUR REQUEST FOR PROFESSIONAL JUDGMENT. | | | | | | | | | | | | | | | | | | | | | | | |
| | Examples of documentation are listed below for common Professional Judgment reasons; however additional information may also be requested from you. A signed paper copy of your 2024 tax information may be required and other years may be requested. | | | | | | | | | | | | | | | SO | | | | | | | | |
| Although each family's situation is reviewed on an individual basis, the following reasons generally do not result in a change to financial aid eligibility: bankruptcy (Chapter 7) and foreclosure. If you are considering Professional Judgment based upon one of these reasons, please contact our office prior to submitting this form. | | | | | | | | | | | | | | | | | | | | | | | | |
| | Los | s/Redu | ıction | of Em | ploy | ment | (mu | ıst be | out | of e | mplo | yme | nt for | 4+ | wee | ks) | Effe | ctive | Date: | | | | | |
| | Loss/Reduction of Employment (must be out of employment for 4+ weeks) Effective Date: | | | | | | | | | | | | | | | | | | | | | | | |
| | Submit unemployment benefits statement from state agency stating start and end dates, gross weekly amount, and total amount of benefits; and Submit proof of severance pay received, 401K, IRA, stocks/bonds, pensions, or other assets converted to cash. | | | | | | | | | | | | | | | | | | | | | | | |
| Retirement/Military Discharge Effective Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| | Letter from employer (DD214, Member-4 copy for military discharge) Verification of taxable Social Security Benefits, if applicable Verification of retirement benefits if applicable | | | | | | | | | | | | | | | | | | | | | | | |
| | Loss of Other Income or Benefits Effective Date: The reduction must reflect a significant loss of 2025 or 2026 total income as compared to the income reported on the FAFSA and be at least \$2,000. You or your parent must have earned money in 2024 and experienced a significant decrease in resources as a result of disability, natural disaster, involuntary change in employment, or other catastrophic event. | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | r expla | _ | | | | | | | | | | | | | | | | | | | |
| | | | | of amo of the | | | | | | | | ss ye | ar-to- | -date | e wag | ges 1 | from | n each | job ν | workec | l for | both | | |
| | • PI | | | ou may ns) bef | | | | | | _ | | es of | your 2 | 2025 | and | 202 | 6 Fe | deral | Tax R | eturns | (in <i>a</i> | additic | n to | |
| | Plea | se not | e, if yo | cal Bill ou have You ha | filed | l a Sch | edu | le A w | ith y | our i | 2024 d | or 20 | 25 tax | es w | | e un | able | to pr | ocess | s an ad | ditio | nal re | /iew | of |
| | | | | D rece sts, me | • | | | | | • | | | | | | | - | | made | to ph | arma | icies, | | |
| | One | -Time | Incor | ne – P | ensic | n Wit | hdr | awal, | Sale | e of H | Home | , IRA | Roll | over | r, Etc | • | | | | | | | | |
| | • Co | py of | 1099- | R or ot | her le | egal d | ocur | nenta | tion | | | | | | | | | | | | | | | |
| | Oth | er | | | | | | | | | | | | | | | | | | | | | | |
| | • In | clude a | approj | priate d | docur | nenta [.] | tion | (conta | act c | ur of | fice if | you | are ui | nsur | e of \ | what | t typ | e of c | locun | nentati | ion to | o prov | ide) | |

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| han monthly amounts. If you are a Dependent student enter info for your parents. If you are an independent student enter information for yourself and spouse if married. | | | | | | | | | | | | PAI | | | NAN | IE: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| axed | | | | ido c | onio | of | | - 20 | 2E 14. | | forr | | | | mor | t rocc | nt | na | v cti | ıh: | for | 202 | 961 | | | | | | | 1 4 | | | | | | | Te | | | | | |
| | Wages (Provide copies of your 2025 W-2 form(s) - OR - most recent pay stub for 2026) | | | | | | | | | | | | | | | | + | \$ \$ | | | | | | | \$ \$ | | | | | | | | | | | | | | | | | |
| | mployment Benefits est/Dividend Income | | | | | | | | | | | | | | | | + | \$ | | | | | | | \$ \$ | | | | | | | | | | | | | | | | | |
| | ness/Farm Income | | | | | | | | | | | | | | | | \$ | | | | | | \$ | | | | | | | | | | | | | | | | | | | |
| | sion/Annuity/Retirement Benefits | | | | | | | | | | | | | | | + | \$ | | | | | | \$ | | | | | | | | | | | | | | | | | | | |
| | ble Social Security Benefits (do not include untaxed amounts) | | | | | | | | | | | | | | | \$ | \$ | | | | | | | \$ | | | | | | | | | | | | | | | | | | |
| limor | ony/Spousal Support | | | | | | | | | | | | | | | | \$ | \$ | | | | | | \$ | | | | | | | | | | | | | | | | | | |
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| /lilitar | or / | Cler | rgy | Hou | sing | /Fo | od , | Allo | wan | ces | ; | | | | | | | | | | | | | | | | | | | \$ | \$ | | | | | | | \$ | | | | |
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| ovide att | e int | orm I col | nati Ileg | on o e, pl | n ho ease | ous e at | eho tacl | ld n | nem | be 1ei | rs w ntat | /ho ion | m yo fror | วน (n tl | or yo | our p | are | ent | t wil | ll si | agu | or it's | fina | twe | een ial a | aid, | , tot | al b | oill a | nd a | lune | : 30, unt _l | 202 paid | 27. I d. A | war | rd le | ette | rs ar | re a | ccep | l mei tabl | mbe e. |
| | Name Age Relationship to Stude | | | | | | | | | | | | | | ıder | nt | | | — | — | N | Nam | e O | f Co | olle | ge | | | | | | | | | | | | | | | | |
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PLEASE ATTACH AN EXPLANATION OF CIRCUMSTANCES CHECKED ON THE FORM FOR A REEVALUATION TO BE CONSIDERED.

| FOR A REEVALUATION TO BE CONS | IDERED. |
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| certify that, to the best of my knowledge, all of the information on this form is accurate. I a follow-up procedures to verify data that I have submitted and/or has been submitted on my | , , |
| STUDENT SIGNATURE | DATE |
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Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **FINAIDVERIFICATION@EIU.EDU** or by fax at 217-581-6422. Be sure to attach your explanation of circumstances.



PARENT / SPOUSE STUDENT SIGNATURE

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS

600 LINCOLN AVENUE, CHARLESTON, IL 61920 TELEPHONE: **217-581-6405** FAX: **217-581-6422**

EMAIL: FINAIDVERIFICATION@EIU.EDU

DATE