

PROFESSIONAL JUDGMENT INFORMATION STATEMENT/REVIEW FORM

Duke University School of Medicine of Financial Aid may take into account a student's special circumstances to make adjustments to his or her expected family contribution for educational expenses, standard cost of attendance (COA) budget, and/or financial aid dependency status, as determined by federal guidelines. Adjustments submitted for consideration must be documented and reasonable as it pertains to the cost of attendance and are on a case by case basis.

Indicated below are the guidelines for professional judgments for Duke University School of Medicine. Students requesting consideration for any of these categories of adjustment should **complete and sign the attached Request for Professional Judgment Form, and submit the required documentation to the Duke University School of Medicine Office of Financial Aid. Please note that other institutional or external support must also be reported in this application in order to determine federal aid eligibility.** Students should allow 10 days to receive an email with our office's decision on the professional judgment request. *(Note: our office will only consider a request for Professional Judgment if the student has accepted all awards offered. Students who have declined loans would not be eligible to apply).* **Please note: Any approved expense increase will be offered as a federal direct loan if a student has completed the FAFSA. Any approved professional judgement expense will not be awarded in grants and/or scholarships.**

In accordance with federal regulations, the Duke University School of Medicine Financial Aid Office, establishes a standard student budget for all aid recipients based on expected tuition and other campus fees, average housing costs, average book and supply expenses, and average transportation costs for commuting students within the tri-county area (Durham, Wake, and Orange) however, adjustments may be made for the following documented circumstances:

Child Care for Dependent Children costs that may be considered include child or day care expenses for children younger than school-aged or requiring special needs as documented by a medical provider. Increases are not permitted for the costs of food and shelter for dependents. The maximum allowance is based on the following; Daycare full day \$1,100/month, Daycare half day \$458/month for one qualifying individual. Students who have an employed partner contributing to the household income will be eligible to receive the maximum allowance of 50% of the monthly amount per dependent child. Students **must** provide an expense statement for the child care provided. All statements must include the name of each child and the amount of payment, per week, for each child. Through federal student loan programs, we cannot consider the cost of childcare for a married student whose spouse is an at-home parent. In-home care by a nanny or service is not eligible.

Transportation Expenses include major car repairs (beyond regular maintenance and normal wear and tear). Attach dated and paid receipt(s) that were paid by the student.

Documented special needs or disability expenses that may be considered include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies. Proof of specific disability from agency or provider and documentation of expenses, such as receipts or statement of services is required.

Medical and/or dental expenses not covered by insurance - Documentation of significant out-of-pocket medical and/or dental expenses not covered by insurance during the current year and paid by the student may be submitted for consideration. Students must provide documentation that details:

- Original medical/dental expenses with the patient's name, date of service(s) and the medical/dental provider contact information
- Amount paid (or to be paid) by insurance and any other amount to be adjusted off the balance due
- Amount actually paid (or to be paid) on this service by the student
- Estimate from provider for services to be performed within the academic year

Special Circumstances that have not been addressed above that you would like our office to consider:

- Attach a summary of the circumstance(s)
- Attach documentation that pertains to request

The following category can only be considered through the use of Private Student Loan Programs and not the Federal Loan programs:

- ✓ Duke Student Health Insurance Family Coverage: This increase may be made to the cost of attendance budget when proof of coverage is presented to the Financial Aid Office. Statements and explanations provided by the student for immediate family expenses do not constitute supporting documentation for budget adjustments.

Conditions that do NOT merit COA adjustments include (but are not limited to):

- Household expenses
- Consumer indebtedness (including but not limited to, auto loans, credit card payments, student loan payments)
- Financial support of a spouse or dependents
- Additional food purchases beyond budget
- Utility and telephone bills
- Private school enrollment for dependent children or family, afterschool care, summer camps for dependents.

Student Name: _____

Student ID Number: _____ Date: _____

Completing this form *does not* guarantee an increase in your Cost of Attendance (COA) budget. Student budgets are developed in accordance with federal regulations and these regulations govern any and all changes made to a student’s COA.

Please check the category you are requesting our office to review. Please make sure to include all documents pertaining to your request.

(X)	Description	Amount of Request
	Child Care for Dependent Children	
	Transportation Expense	
	Documented Special Needs or Disability Expenses	
	Medical/Dental Expenses	
	Special Circumstances	

Certification Statement – All of the information provided in this form is true, complete and accurate to the best of my knowledge. I agree to provide additional documentation if requested prior to and after awarding. Failure to comply could result in adjustments to existing and future awards and repayment of financial aid disbursements. I understand that approval of this request does not assure approval of a similar future request.

_____()_____
 Student Signature Date Phone Number Email Address

Please return the signed form along with appropriate documents to finaid-som@dm.duke.edu.