



**INDIANA UNIVERSITY**  
**SCHOOL OF MEDICINE**

**2018 SUMMER**

**Professional Judgment Appeal Form**

Please FAX or E-mail (preferred) as an attachment with supporting documentation (proof of payment) to:

**Office of Student Financial Services**

1130 West Michigan Street  
 Fesler Hall 224  
 Indianapolis, IN 46204  
 Office: 317-278-7311  
 Fax: 317-278-2691

Email: Justin Ziemann: [Jnzieman@iu.edu](mailto:Jnzieman@iu.edu)

**General Information for Submission:**

The Higher Education Act allows Financial Aid Administrators to address special circumstances utilizing Professional Judgment. Often, this process allows IUSM Student Financial Services to offer the ability to obtain additional student financial aid by adjusting a student's Cost of Attendance as reimbursement for costs incurred. IUSM students may submit this form with supporting documentation to request a Professional Judgment related to special circumstances. Special circumstances are defined as and limited to:

- Computer Purchase:** \$3,000.00 reimbursement limit
- Child Care Costs:** \$226/week for 0-3yrs, \$168/week for 4+yrs
- Transportation Costs:** Lodging/Transportation for Away Rotations (**4th Year**)
- Global Health Travel Grant:** Prior approval to receive funding through GHTG Programs

**Check appropriate box(es):**

To avoid processing delays:

**DO NOT SUBMIT RESERVATIONS OR ITINERARIES**

**Organize receipts in chronological order prior to submitting. If submitting by hand/mail, DO NOT STAPLE.**

Should you become eligible for additional financial aid as a result of this appeal, you will be notified of the amount, via the Graduate PLUS loan application (if applicable) or how much was processed through the Direct Stafford Loan. You will receive notification of processing from the Office of Student Financial Services within 2-3 business days.

**— PART I: Applicant Information —**

Student Name: \_\_\_\_\_ University ID: \_\_\_\_\_

University E-mail: \_\_\_\_\_

**— PART II: Supporting Documentation —**

- **Computer Purchase** during the 2018 Summer Term (Include Purchase Receipt listing type of payment with dates):  
 Total cost of computer purchase:
- **Child Care Costs** during 2018 Summer Term (Include invoice from provider or Payment Receipt with dates. A signed statement from daycare with future payments is also acceptable):  
 Name(s) & Age(s) of Dependent(s):  Total cost of care:
- **Transportation Costs** for MS4 students completing an Away Rotation (Include Payment Receipts listing Lodging and Transportation Costs with dates.  
 \*Driving your personal vehicle: Include documentation (Google Maps) verifying round-trip distance - Set @ 54.5 cents/mile):  
 Total cost of transportation:

**— PART III: Affirmation Statement (Sign & Date) —**

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

Student Signature and Date: