



# INDIANA UNIVERSITY

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## SCHOOL OF MEDICINE

2020 **SUMMER**

Professional Judgment Appeal Form

Please submit **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

Email: LaTonya Hudson: [LAHuds@iu.edu](mailto:LAHuds@iu.edu)

Nathan Loyd: [NDLoyd@iu.edu](mailto:NDLoyd@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
- Non-Resident Travel Home:** Allocation to travel home max twice per Academic Year

**Check appropriate box(es):**

**DO NOT SUBMIT RESERVATIONS OR ITINERARIES. All receipts must include your name, amount paid, method of payment, and date(s). Organize receipts in chronological order prior to submitting. If submitting by hand/mail, DO NOT STAPLE.**

To avoid processing delays:

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 2020 Summer Term (Include Purchase Receipt listing type of payment with dates):

Total cost of computer purchase:

- **Child Care Costs** during 2020 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 @ 58 cents/mile:

\*OR: Non-Resident student transportation home (MAX twice per Academic Year). Include verifying documentation:

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: