



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

2020-2021

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

Email: LaTonya Hudson: LAHuds@iu.edu
Nathan Loyd: 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:

- Check appropriate box(es):**
- Computer Purchase:** \$2,500.00 reimbursement limit
 - Child Care Costs:** \$226/week for 0-3yrs, \$168/week for 4+yrs
 - ERAS Application Costs:** Costs related to the Electronic Residency Application Service (MS4)
 - Transportation Costs:** Lodging/Transportation for Away Rotations (MS4: **Must complete rotation**)
 - Global Health Travel Grant:** Prior approval to receive funding through GHTG Programs

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 2020-2021 Academic Year (Include Purchase Receipt listing type of payment with dates and your name):

Total cost of computer purchase:

Child Care Costs between August 2020 and May 2021 (Include invoice from provider or Payment Receipt with dates. A signed statement from day-care 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):

Total cost of transportation:

ERAS Application Costs during the 2020-2021 Academic Year (Include ERAS Receipt listing Payment with dates and your name):

Total cost of ERAS applications:

— 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: