



646 S. SUNSET AVE. WEST COVINA, CA 91790 (626) 472-7402
www.americanbeautycollege.com

PROFESSIONAL JUDGMENT AND/OR DEPENDENCY OVERRIDE WORKSHEET (PAGE 1 OF 2)

Student Name: _____ **Student Key No.** _____

Student's Request for Professional Judgment **OR** Dependency Override:

I, _____, am requesting the Financial Aid Office to consider my special circumstances described below in using Professional Judgment and/or Dependency Override in its determination of my eligibility for Financial Aid.

FAO Comments and reasoning for professional judgment and/or dependency override.

Adjustment to Income elements used to calculate the EFC

Item _____ 12 Month Period of Adjustment
 Calendar year/Projected _____ On 2014-2015 FAFSA/ISIR

	2013 Base Income Tax year			From _____ to _____		
	Student	Spouse	Parent	Student	Spouse	Parent
Household						
AGI						
Income Tax Paid						
Income from employment						
2013-2013 Untaxed income:						
Source Name: _____ _____						

FAO Comments and reasoning for adjustments to Income or Household data



646 S. SUNSET AVE. WEST COVINA, CA 91790 (626) 472-7402
www.americanbeautycollege.com

[10015] PROFESSIONAL JUDGMENT AND/OR DEPENDENCY OVERRIDE WORKSHEET (PAGE 2 OF 2)

Student Name: _____ **Student Key No.** _____

Adjustment to Cost of Attendance elements used to calculate the student's need

Item: _____ **Original cost** _____ **Adjusted to** _____ **Comment** _____
Award year _____

Tuition			
Fees			
Supplies and Equipment			
Room and Board			
Transportation			
Personal			
Dependent's care			
Dependent's Tuition			

FAO Comments and reasoning to adjustments to Cost of Attendance elements used to calculate the student's need

Dependency Override OR **Other adjustments made based on FAO professional judgment**

FAO Comments:

Student signature	Date	Parent signature (If Dependent)	Date

 Signature of Financial Aid Administrator

 Date

ALL ADJUSTMENTS MUST BE THOROUGHLY DOCUMENTED IN THE STUDENT'S FILE