



Ogeechee Technical College

Office of Financial Aid
One Joe Kennedy Blvd
Statesboro, GA 30458
Phone: (912) 681-5500 ~ Fax: (912) 486-7403
Email: fa@ogeecheetech.edu

Professional Judgement
Request Form: **PROEJD**
Aid Year: 2017-2018

Professional Judgement Request

PLEASE PRINT ALL INFORMATION:

NAME: _____	OTC ID# _____
EMAIL ADDRESS: _____	
PHONE NUMBER: Home (____) _____	Cell (____) _____

To have special circumstances considered in evaluating your eligibility:

- Complete this form **and**
- Attach all requested documentation

CONDITION A

A student, spouse, or parent who earned income in 2015 has lost his/her job. Voluntary reduction of hours or leaving employment for the purpose of returning to school does NOT meet this condition.

The person who lost his/her job is: _____

Relationship to you the Applicant: _____

Documentation Needed: Separation notice from the employer or Department of Labor or verification from Department of Labor receipt of Unemployment Compensation.

CONDITION B

A spouse or parent who died since the 2017-2018 Free Application for Federal Student Aid (FAFSA) was completed.

Full name of deceased person: _____

Relationship to you the Applicant: _____

Documentation Needed: A copy of the death certificate. Note: If the deceased person was married, please provide a copy of their tax return and W-2s so we can exclude their income.

