



Office of Financial Aid

(919) 681-3247

Email: grad-finaid@duke.edu

PROFESSIONAL JUDGMENT INFORMATION STATEMENT/REVIEW FORM 2021/2022

Duke University Graduate School Office of Financial Aid may take into account a student's special circumstances to make adjustments to his or her expected family contribution for educational expenses, standard cost of attendance (COA) budget, and/or financial aid dependency status, as determined by federal guidelines. Adjustments submitted for consideration must be documented and reasonable as it pertains to the cost of attendance and are on a case by case basis.

Indicated below are the guidelines for professional judgments for Duke University Graduate School. Students requesting consideration for any of these categories of adjustment should **complete and sign the attached Request for Professional Judgment Form, and submit the required documentation to the Duke University Graduate School Office of Financial Aid. Please note that other institutional or external support must also be reported in this application in order to determine federal aid eligibility.** Students should allow 10 days to receive an email with our office's decision on the professional judgment request.

Please note that all requests for the 2021/2022 financial aid year, must be received by our office by June 1, 2022 if you are requesting financial aid for the summer term.

The Graduate School Office of Financial Aid, in accordance with federal regulations, establishes a standard student budget for all aid recipients based on expected tuition and other campus fees, average housing costs, average book and supply expenses, and average transportation costs for commuting students within the tri-county area (Durham, Wake, and Orange) however, adjustments may be made for the following documented circumstances:

Child Care for Dependent Children costs that may be considered include child or day care expenses for children younger than school-aged or requiring special needs as documented by a medical provider. Increases are not permitted for the costs of food and shelter for dependents. The maximum allowance is \$5,000 of child care expenses paid in a year for one qualifying individual. Students who have an employed partner contributing to the household income will be eligible to receive the maximum allowance of \$2,500 per dependent child. Students **must** provide an expense statement for the child care provided. All statements must include the name of each child and the amount of payment, per week, for each child. **Through federal student loan programs, we cannot consider the cost of childcare for a married student whose spouse is an at-home parent. Also, if a student is applying or receiving the Child Care Subsidy with the Graduate School (applicable to only Ph.D. students), they are not eligible for this adjustment. In-home care by a nanny or service is not eligible.**

Travel expenses may be considered for approved study abroad programs and travel related to academic studies. Allowances may be made based on documented expenses or mileage. Expenses may include airfare, lodging, meal and other transportation (upon arrival to destination). Foreign travel adjustments will include determination of current State Department per diem rates or actual expenses, whichever is less. Travel adjustments will not be considered for student family or dependents (only the individual student's expenses may be considered). **Our office has the right to request boarding passes if the adjustment is approved. If travel did not occur, or student is not able to produce boarding passes, the travel adjustment to the students COA will be removed, and the student's federal funds will be returned in the amount of the requested travel and thus the student is responsible to reimburse their bursar account in this amount.**

A summary outlining proposed research, destination, and dates along with a printout of travel expenses (ie. flight information) must be submitted.

Documented special needs or disability expenses that may be considered include special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies. Proof of specific disability from agency or provider and documentation of expenses, such as receipts or statement of services is required.

Computer purchase the maximum allowance for purchase of a computer is \$3,000 for students in years 1-3 and \$3,000 for students beyond their third year. This means that one student may be eligible for an adjustment of up to \$6,000 in computer-related expenses for the duration of their academic careers. Purchases must be at least 3 years apart. Eligible expenses may also include printers, maintenance contracts, and upgrades. Purchases of software, printer supplies, online service fees, etc. will be assumed to be covered in the existing COA allowance for books and supplies. In order to have the cost of the computer purchase included in the COA, students must submit either documentation of the intended or existing purchase. For reimbursement of paid purchase, our office will consider the actual amount paid by the student. Gift cards, rebates and other forms of discounts will not be added to the total reimbursement.

Medical and/or dental expenses not covered by insurance - Documentation of **significant** out-of-pocket medical and/or dental expenses not covered by insurance during the current year and paid by the student may be submitted for consideration. Students must **provide documentation** that details:

- Original medical/dental expenses with the patient's name, date of service(s) and the medical/dental provider contact information
- Amount paid (or to be paid) by insurance and any other amount to be adjusted off the balance due
- Amount actually paid (or to be paid) on this service by the student
- Estimate from provider for services to be performed within the academic year

Research/Dissertation/Thesis Expenses must be fair and responsible. A printout of intended purchases must be provided along with an explanation of how this or these items will be used toward your research. Our office may contact your Department Chair or Director of Graduate Studies to insure that the expense(s) are need for your dissertation or thesis.

Special Circumstances that have not been addressed above that you would like our office to consider:

- Attach a summary of the circumstance(s)
- Attach documentation that pertains to request

→ **The following category can only be considered through the use of Private Student Loan Programs and not the Federal Loan programs:**

- ✓ Duke Student Health Insurance Family Coverage: This increase may be made to the cost of attendance budget when proof of coverage is presented to the Financial Aid Office. Statements and explanations provided by the student for immediate family expenses do not constitute supporting documentation for budget adjustments.

Conditions that do **NOT merit COA adjustments include (but are not limited to):**

1. Automobile or household expenses.
2. Consumer indebtedness (including but not limited to, auto loans, credit card payments, student loan payments).
3. Financial support of a spouse or dependents.
4. Additional food purchases beyond budget.
5. Utility and telephone bills.
6. Private school enrollment for dependent children or family, afterschool care, summer camps for dependents.



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**PROFESSIONAL JUDGMENT INFORMATION
REVIEW FORM
2021/2022**

Student Name: _____

Student ID Number: _____ Date: _____

Completing this form *does not* guarantee an increase in your Cost of Attendance (COA) budget. Students' budgets are developed in accordance with federal regulations and these regulations govern any and all changes made to students' COA.

Have you completed the 20/21 FAFSA?

___	Yes
___	No, I wish to pursue a private loan

The request is for the following term(s):

___	Summer II 2021
___	Fall 2021
___	Spring 2022
___	Summer I 2022

SECTION A

Child Care for Dependent Children

Dependent(s) receiving care (additional dependent information can be attached to form):

Name: _____ Age: _____ Relation: _____
 Name: _____ Age: _____ Relation: _____
 Name: _____ Age: _____ Relation: _____

Service Provider #1 (Information about additional service providers should be attached)

Provider Name: _____
 Provider Address: _____
 Weekly Charge of Service: \$ _____ (**Attach copy of billing statement as documentation**)
 Date(s) of Expenses (i.e., time period when service is/will be used): FROM _____ TO _____
 Total Actual or Estimated Dependent Care expenses for the academic year: \$ _____

Student must attach billing statement/invoice from this provider.

SECTION B

Travel Expenses

Destination: _____
 Number of days/week at location specified above: _____

Student must attach a copy of the location and agreement for the course work related location (if applicable).

Travel Abroad: please provide travel documentation (airfare, hotel, rental car – if applicable)

****Food is already included in the COA and cannot be counted twice****

SECTION C

Documented Special Needs or Disability Expenses

Name of person receiving care: _____ Relation: _____

If applicable, has insurance been filed and paid: _____

Description of expense(s): _____

Student must attach proof of specific disability from agency or doctor and documentation of expense, such as receipts or a statement of services.

SECTION D

Computer Purchase

Amount requested: _____ maximum amount \$3,000

Student must attach receipt (if purchased), or printout of the intended purchase. We cannot approve adjustment for purchases made by others on your behalf.

SECTION E

Medical and/or dental expenses (current year only)

Name of person receiving care: _____ Relation: _____

If applicable, has insurance been filed and paid: _____

If no, we cannot process until the carrier has made the final decision on payment.

Item _____ Amount requested _____

Item _____ Amount requested _____

Item _____ Amount requested _____

Student must attach: letter from healthcare provider which document the procedure(s)/treatment(s), documentation that treatment(s) is medically necessary, date of procedure(s)/treatment(s), and estimated or actual cost to student (not covered by insurance). The documentation must clearly delineate payments and dates made by the student from those paid by insurance.

SECTION F

Research/Dissertation/Thesis Expenses

A printout(s) of intended purchase(s) must be provided along with an explanation of how this/ these items will be used toward your dissertation or thesis.

SECTION G

Special Circumstances

Please attach documentation to support your request.

PRIVATE LOAN REQUEST ONLY

Please attach documentation to support your request.

Please list all current and anticipated (i.e. if there are pending applications and/or decisions in progress) financial support from Duke University and external sponsors for the current year. Please include both fellowship (no service required) and work performed (service required):

Award/Payment _____ Amount _____
 Award/Payment _____ Amount _____
 Award/Payment _____ Amount _____

Certification Statement – All of the information provided in this form is true, complete and accurate to the best of my knowledge. I agree to provide additional documentation if requested prior to and after awarding. **Failure to comply could result in adjustments to existing or future awards and repayment of financial aid disbursements. I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year.** I also understand that approval of this request is contingent upon review of the accuracy of information in previous professional judgment appeals. **THIS FORM MUST BE SIGNED BEFORE CONSIDERATION CAN BE MADE.**

 Student Signature Date (____) Student Daytime Phone # Student Email

Return this form and appropriate documents to:
 Duke University Graduate School Office of Financial Aid at: grad-finaid@duke.edu

DUKE UNIVERSITY GRADUATE SCHOOL OFFICE OF FINANCIAL AID ONLY

SECTION	DESCRIPTION	DOCUMENTATION ATTACHED (X)	AMOUNT REQUESTED
A			
B			
C			
D			
E			
F			
G			
PRIVATE LOAN REQUEST ONLY			
		Total Request	

Date Form Received: _____ Prepared By: _____
 Approved by _____ Amount _____ Date _____
 Denied by _____ Date: _____
 *Explanation of denial: _____

 Unsubsidized Loan Amount _____ + Loan Fee _____ = _____
 Graduate Plus Loan Amount _____ + Loan Fee _____ = _____
 Private Loan Eligibility Amount _____ (increase of COA budget)