

Professional Judgment requests are reviewed on a case-by-case basis in order to consider the adjustment of one or more of the data elements used to calculate the Expected Family Contribution (EFC). If, due to extremely unusual circumstances, you believe that a change to the dependency status established for you on your 2026-2027 Student Aid Report is warranted, you may request that a Professional Judgment for Dependency Override be considered by the Office of Student Financial Services. Professional Judgment requests are processed under Section 479(A) of the HEA provisions of the Federal Title IV student financial assistance programs.

You should understand that in submitting a Professional Judgment request you are asking that your file undergo additional review by the Office of Student Financial Services. If your request is granted, this office will be required to submit updates to your file with the Department of Education. This procedure will delay awarding of your file and may jeopardize your opportunity to receive institutional aid.

**THE FOLLOWING FACTORS WILL BE CONSIDERED IN REVIEWING YOUR REQUEST:**

1. The student's ability to demonstrate extremely unusual circumstances that warrant a dependency override.
2. Thoroughly documented circumstances that go beyond the parents' unwillingness to provide support.
3. The presence of factors within the family history, such as abuse or abandonment that would justify a dependency override

**TO SUBMIT A REQUEST FOR DEPENDENCY OVERRIDE, YOU MUST DO THE FOLLOWING:**

1. Complete PART ONE, PART TWO, and PART THREE of this request form.
2. Attach all required documentation.
3. Submit this form and ALL required documentation to the Office of Student Financial Services.

**PLEASE NOTE:**

If you do not meet any of the seven automatic conditions for independence listed in step three of the Free Application for Federal Student Aid (FAFSA), and you wish to be considered for a dependency override, then you must generally meet one of the following criteria. If you do not meet any of these criteria, but you feel that you have other circumstances that warrant review, please contact the Office of Student Financial Services before completing this document.

1. The student's parents cannot be located.
2. The student has been the victim of domestic violence and is no longer residing with either of his or her parents.
3. The student's relationship with his or her parents is completely broken or has been severely estranged for a prolonged period of time.

Upon receipt of your completed request, your file will be carefully reviewed by the Office of Student Financial Services. You will be notified of the final decision within 30 business days.

**PART ONE**

I. Please attach a typed or neatly printed explanation of your reasons for requesting a change to your dependency status. Please be specific and thorough, providing full details regarding the circumstances that form the basis for your request.

II. Please indicate below the value of benefits received during 2025. For example, if a friend allowed you to live in his or her apartment rent-free for twelve months and you estimate the value to be \$300 per month, you would indicate free room with a value of \$3,600.

**DOLLAR VALUE BENEFIT YOU RECEIVED**

\$ \_\_\_\_\_ Free Room and/or Meals

\$ \_\_\_\_\_ Monetary gifts from friends, family, church, etc.

\$ \_\_\_\_\_ Assistance with tuition from friends, family, church, etc.

\$ \_\_\_\_\_ Other untaxed income (free use of car, insurance bills paid for you, medical bills paid for you etc.)

**PART TWO**

A process called verification must be completed as part of the professional judgment review. The verification forms will be provided along with this form. You are required to complete and return those documents when you submit this form.

**PART THREE**

I certify that the above and attached information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Print)

Submit completed form to:  
Columbia International University, Financial Aid Office  
7435 Monticello Road, Columbia, SC 29203  
Office: (803) 807-5036 Fax: (803) 223-2505 Email: [finaid@ciu.edu](mailto:finaid@ciu.edu)