

Office of Student Financial Aid

**PROFESSIONAL JUDGEMENT
FOR
INCOME REDUCTION OR LOSS FOR DEPENDENT STUDENT**

Student Name: _____ **SSN:** # XXX - XX - _____

THE PURPOSE OF THIS FORM IS TO GUIDE STUDENTS THROUGH THE

STEP TWO:

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED INCOME FOR
YEAR 2024

ANTICIPATED INCOME 1/1/2024 TO 12/31/2024	STUDENT	PARENT 1	PARENT 2
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