UNIVERSITY OF
HEALTH SCIENCES
& PHARMACY
in St. Louis

Professional Judgement Application, 2026-27

The University of Health Sciences and Pharmacy (UHSP), as allowed by law, considers life changes that occur after the completion of your Free Application of Federal Student Aid (FAFSA). The financial aid office can consider ***either special or unusual circumstances*** when reviewing your Professional Judgment. Circumstances are reviewed on a case-by-case basis, and the University is limited regarding the adjustments that can be made.

Special circumstances may include changes to family income, assets, etc., recent unemployment, a dislocated worker, or a housing change due to homelessness.

Unusual circumstances may include human trafficking, refugee or asylee status, parental abandonment/incarceration, the inability to contact your parents, or if having contact with your parents poses a significant risk. **Unusual circumstances are reviewed using a separate institutional form. If you feel you are in an unusual circumstance listed, please contact the financial aid office**.

Some situations require a full verification of all data originally reported on your FAFSA. In these cases, the Financial Aid Office will request copies of student, spouse, and parent 2024 federal tax return transcripts or W-2 forms as appropriate, as well as a Verification Worksheet. This documentation is in addition to that listed below. Review of this information does not guarantee any change of financial aid awards. As such, please continue to make necessary financial arrangements (payment, securing student loans, etc.).

It is our policy not to consider a reduction in income for the following:

- Unusual expenses related to personal living (e.g., wedding expenses, credit card bills, home mortgage, school loan payments, car payments, legal expenses, voluntary loss/decrease in income, student or spouse quitting a job to attend school, or private elementary/secondary school tuition).
- Reductions in overtime pay or one-time winnings (this will be following year's financial aid applications)

Please email your documents to the general financial aid inbox, financialaid@uhsp.edu and we will respond accordingly.

Alternatively, you may mail your documentation to:

University of Health Sciences and Pharmacy
Attn: Financial Aid
1 Pharmacy Place
St. Louis, MO 63110-1088

If you have any questions, please contact the Financial Aid Office at 314-367-8700, option 7.

Please allow 2 – 4 weeks for review and notification.

Revised 11/21/2025

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SECTION A: Student Information

_____ _____ ____
Last Name First Name M.I.

_____ _____ _____
Student ID # Phone Number Email

SECTION B: Cause of Special Circumstances (Please select one)

	Reason	Requested Documentation
☐	Loss of/Change in Employment *Must be at least a 20% decrease in the family's household income and continuous for 10+ weeks; loss must be involuntary or unexpected (retirement or resignation is not something we can consider).*	-Letter or notification from employer concerning loss of job or change in job status -Is there a severance package? o Yes – Provide documentation and amount o No – Provide letter from employer indicating no severance package is to be given -Copy of last two paystubs -Copy of 2024-2025 Tax Returns -Will you be receiving unemployment benefits? o Yes – Provide documentation and amount o No -Has the person returned to work? o Yes – Provide start date and pay stub o No -Provide a description explaining why you are applying for a professional judgment, including a timeline of loss or change. For example: January – March employed with "x" company, March 10 – June 15 unemployed, June 15 employed with new company.
☐	Death of Spouse or Parent	-Copy of death certificate -Are there survivor benefits? o Yes – Provide documentation o No – Provide separate letter indicating no benefits are to be received - Copy of 2024-2025 Tax Returns or most recent returns

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☐	Divorce or Separation	-Copy of divorce decree or separation agreement. (If you do not have a separation agreement, attach a notarized statement indicating separation and effective dates.) -Income/Asset Settlements -List of current household members, relationship to student, and their age
☐	One-Time Income *Reductions in overtime pay or one-time winnings are not considered*	-Give source and amount of income and include an explanation of why these funds are not available for educational purposes
☐	Loss of Benefits *(Child support, social security, unemployment)*	Child Support: -Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received Social Security: -Attach a copy of notification of loss of social security income stating benefit ending date and monthly amount received Unemployment Benefits: -Attach a copy of notification of loss of unemployment income stating benefit ending date and monthly amount received
☐	Healthcare Expenses *The following condition is only considered if the expense exceeds 15% of the family's adjusted gross income.* *Medical costs may be allowed if required treatment, rather than elective care and documented by a physician*	-Attach a copy of your and/or your parents' Schedule A of the 2024 Federal Income Tax Return or copies of PAID receipts or canceled checks incurred through 2024 -Attach a letter of explanation of healthcare expenses incurred
☐	Other	See the Financial Aid Office to discuss necessary documentation for your special circumstance

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Section C: Signature

I certify the information provided on this form and all supporting documents to be true and complete to the best of my knowledge. If my circumstances change in 2026-2027, I understand I am obligated to provide the Financial Aid Office with additional information which may alter the original decision.

WARNING: If you purposely give false or misleading information to secure Federal Title IV funding, you may be fined, sentenced to jail, or both.

_____

Signature of Student Date

_____

Signature of Parent (Dependent Students Only) Date