

Request for Professional Judgment

In accordance with federal guidelines, Bill Gatton College of Pharmacy establishes a standard educational budget for all students, based on expected tuition, fees, books, supplies, housing, etc. and may take into account extenuating circumstances. Listed below are base guidelines. Documentation is required. Please note that every situation does not warrant a review and that requests are not guaranteed approval.

Dependent Care Allowance: Child care for dependent children under the age of 18 may be allowable if provided by a child care center or HRS approved child care provider who is not an immediate family member. Students must provide proof which lists the child or children as a dependent. Billable statement on letterhead or invoice from agency verifying cost.

Disability-Related Expenses: Incurred expenses related to assistance with educational activities, such as tutoring or special equipment, not covered by an outside agency. Proof of disability from agency or doctor and documentation of expenses, receipts or a statement of services are required.

Study Abroad Rotations : Documentation required: Student Schedule Report, Copy of International/Global Health APPE Student Budget provided by GCOP. Reimbursement for travel expenses is optional and must be requested by the student. Requests can not exceed the travel total listed on the International/Global Health Student Budget.

Excessive Medical/Dental Expenses: Medical or dental expenses **not covered by insurance** may be considered. Students must provide proof of out-of-pocket expenses.

Other Exenuating Circumstances beyond family's control. A signed written statement and documentation is required. Brief Explanation:

Section 479 of the Higher Education Act of 1965, as amended identifies the following as strictly prohibited:

- * Vacation expenses
- * Personal indebtedness
- * Personal living expenses (e.g. rent, utilities, credit card expenses, children's allowances etc.)
- * Mortgage payments
- * Car payments
- * All other discretionary expenses

My signature below certifies the information I have provided on this form and attached documentation is true and complete to the best of my knowledge. I understand that the penalty for providing false or misleading information is a \$20,000 fine, prison sentence, or both

Student Signature

Date

Banner ID