



**FOR OFFICIAL USE OF THE FINANCIAL AID OFFICE**

**Student Information:**

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

**FINAL DETERMINATION**

**Accepted**

**Denied (Briefly described the decision):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED BY:**

\_\_\_\_\_  
Name of the Institutional Financial Aid Director

\_\_\_\_\_  
Signature of the Institutional Financial Aid Director

\_\_\_\_\_  
Date  
Month/Day/Year

Date of notification sent to the student: \_\_\_\_\_  
Month/Day/Year

Sent by: \_\_\_\_\_

**Note: The Financial Aid Office will use the Professional Judgment Request Form and Professional Judgment Appeal Request Form for the determination.**



**Copy of this document must be kept in the student's file.**