

2025-2026 PROFESSIONAL JUDGMENT REQUEST

Student Name: _____

Oregon Tech ID #: _____ Phone: _____

Instructions and Conditions

- Conditions for Professional Judgment must have existed for a minimum of 30 days before this request will be considered. Changes in your eligibility are made on a case-by-case basis.
- Because a Professional Judgment is an adjustment to the Federal eligibility process for calculating financial aid eligibility, your request may be denied if adequate and acceptable circumstances do not exist or if insufficient documentation is submitted with your request.

1. Written Statement

- ☐ Attach a detailed statement about the change in your financial situation. Be sure to explain what brought about the new situation and how you are supporting yourself currently. Include the exact date that the condition started. It is important that this statement be neat, organized, and detailed.

2. Considerable Circumstances

Generally, only the following conditions will be taken into consideration. Please select one of the following and include the proper documentation:

- ☐ Divorce or separation from spouse
Copy of legal separation papers (or signed statements from both parties) or divorce decree and signed copies of most recent IRS tax returns and W2 forms from both parties.
- ☐ Loss or change in employment
Attach most recent tax return and W2 forms. Statement showing unemployment benefits or a letter from previous employer on official letterhead stating the last day of employment and last pay stubs.
- ☐ Significant loss or reduction in income/benefits
Attach most recent tax return and W2 forms. Last three paystubs from employer.
- ☐ Death of spouse or parent
Copy of death certificate; signed copies of most recent IRS tax returns and W2's for surviving student/parent.
- ☐ Unusual medical expenses paid
☐ Paid medical bill receipts from the last 12 months. Attach most recent tax return and W2 forms.

3. Additional Documentation

If you have attached any additional documentation from what was requested above please list here:

I certify that the information provided on this request is true and complete to the best of my knowledge.

Student Signature _____ Date _____

Parent Signature _____ Date _____



Financial Aid Office

3201 Campus Drive, Klamath Falls, OR 97601
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www.oit.edu/faid ○ dollars@oit.edu

Our office hours are:
8:00 a.m. to 5:00 p.m.
Monday-Friday