

Professional Judgment Request for Parent FAFSA Refusal

Dependent
2024-2025



WICHITA STATE
UNIVERSITY

FINANCIAL AID AND SCHOLARSHIPS

Student's Name (Last, First, MI) _____ myWSU ID _____

*** This request is being submitted for the 2024-2025 aid year.**

The Higher Education Opportunity Act of 2008 (HEOA) extends the authority for a financial aid administrator to award a Federal Direct Unsubsidized Loan to a dependent student, without parental information provided on the Free Application for Federal Student Aid (FAFSA), if the parents have ended all financial support and/or refuse to complete the FAFSA. The WSU Office of Financial Aid and Scholarships will make this determination based on the documentation submitted and this request will be approved only in certain circumstances. Any decision of the WSU Office of Financial Aid and Scholarships is final and may not be appealed to the U.S. Department of Education.

PARENT SECTION >>> TO BE COMPLETED BY THE PARENT

I attest that the following statements are true:

- ➔ I have stopped providing financial support to the student (including payment of educational costs, as well as other cash and non-cash support, such as room and board to the student or payment of health or auto insurance, as of the following date: ____/____/____ (mm/dd/yyyy),
- ➔ I will not provide financial support to the student,
AND/OR
- ➔ I refuse to complete the parental demographic and financial information sections of the FAFSA.

Parent Confirmation

I understand that by refusing to complete the parental demographic and financial information sections of the FAFSA, the student will **NOT** be considered for need-based financial aid and **ONLY** be considered for a Federal Direct Unsubsidized Loan based on their grade level for the academic year.

CERTIFICATIONS AND SIGNATURE

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.

Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation

- ➔ Please allow 2-3 weeks for processing. Processing cannot begin until all requested documentation has been received.

Parent's Name (Last, First, MI)

Parent's Phone Number

Parent's Address

City, State, Zip

Parent's Signature

Typed signature cannot be accepted

Date

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wichita.edu

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