



SMUSM

*Estimated Monthly Expenses for
Families of Undergraduate Students (PJ Request)*

Date:

To The Parents Of:

Student SMU ID#:

Dear,

We have received your request for Professional Judgment for the upcoming academic year and are reviewing your eligibility for need based aid.

This form is part of the paperwork required for a Professional Judgment review. Please complete and submit the following pages to your Financial Aid Advisor

It is our goal is to address your concerns as quickly as possible. A prompt and thorough response to this document, including any required documentation, will help ensure a timely response.

**SMU**

*Estimated Monthly Expenses for
Families of Undergraduate Students (PJ Request)*

Please indicate below your 2016 estimated monthly expenses. Supporting documentation is required for each expense. All items without supporting documentation will be excluded in our review.

Student Name

Student ID Number

Student Email

Student Telephone Number

Please list 2016 monthly expenses. Do not include bills not in your name, unless paid by you.		Please list all 2016 estimated yearly income.	
Mortgage/Rent	\$	Employment	\$
Utilities—Gas	\$	Social Security Disability TANF	\$
Electric	\$		\$
Water	\$		\$
Phone	\$		\$
Cable/Internet	\$	SNAP	\$
Food	\$	Cash Assistance	\$
Cell Phone	\$	Other	\$
Car Payment	\$	Other	\$
Health Insurance	\$		
Other	\$		
Other	\$		

Student Signature

Date

Parent Signature (if applicable)

Date