



**2022 - 2023**  
**DEPENDENCY OVERRIDE REVIEW**

Student's Name \_\_\_\_\_ ID # J \_\_\_\_\_

Address \_\_\_\_\_

Financial Aid regulations assume that the family has primary responsibility for meeting the educational costs of students. The unwillingness of your parent(s) to provide parental data on your financial aid applications or your unwillingness to seek financial assistance from your parent(s) is not an acceptable reason to appeal your dependency status. Similarly, your living situation (whether you live with your parent(s) or not) or tax filing status does not affect the dependency status.

Occasionally, due to unusual circumstances, students may be considered for independent status. You may petition this office for a waiver of federal regulations requiring parental information if you can document why you should be considered an independent student.

Please attach a separate sheet of paper explaining, in detail, the following information:

- a. Identify the location of both of your parents.
- b. Describe the last time you had contact with each of your parents (when, where and the nature of the contact); include when you last resided with a parent.
- c. Explain the unusual circumstances which you believe make you an independent student.
- d. Describe how you have been self-supporting:
  - How have you paid your expenses?
  - When did you begin paying your expenses without parental support?

Please provide documentation from an objective third party which supports your case. Documentation must be detailed and specific to your circumstances and can be from a court, social service agency, or respected member of the community (member of the clergy, teacher or counselor) on their letterhead.

**Please provide a copy of your most recent Federal income tax return and W-2 forms.**

**(REVERSE SIDE FOR OFFICE USE ONLY)**



**FOR OFFICE USE ONLY:**

Documents provided:

- \_\_\_\_\_ Statement from student
- \_\_\_\_\_ Outside third party statement/letter
- \_\_\_\_\_ Legal documents (court papers)
- \_\_\_\_\_ \_\_\_\_\_

**DEPENDENCY OVERRIDE DECISION**

\_\_\_\_\_ **APPROVED**      \_\_\_\_\_ **DENIED**

**COMMENTS:**

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**Financial Aid Officer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_