



**Student Information**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Student ID Number

Currently, you do not meet the federal requirements for independent student status. However, occasionally, due to unusual or extenuating circumstances, a student may petition for an override of the federal requirements. This form (with supporting documentation) allows you to request a review of your dependency status for financial aid purposes.

**Completing this form and providing the documentation requested does not guarantee that a change will be made.**

**All required documents must be submitted for the appeal to be reviewed. Please allow 1-2 weeks for processing.**

**Complete each question below, you may attach an additional paper. Include supporting documentation.**

1. ☐ Check this box and skip to section 3 if you were approved for a Dependency Override for the 22-23 year and there has been no change in your family situation. Note: you may be required to submit current documentation.

**EXPLAIN IN DETAIL:**

2. A. What is the current or last known location of each of your parents?

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

- a. Describe the last time you had contact with each of your parents (when, where, and the nature of the contact):

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

- b. Explain the unusual circumstance that you believe establishes your independent status:

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

- c. How is your health insurance provided?

\_\_\_\_\_

- d. Describe your current living situation?

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

**FAR23MIL  
FAC23DOV**



Review the situations below and check the one that best describes your situation and provide the required documentation.

- ☐ There has been a breakdown in my family structure due to physical, emotional and/or substance abuse.

**Documentation required:**

1. Court documents (**or**)
2. Letter (on official letterhead) explaining the situation in detail from a minister, social worker, psychologist, high school counselor, teacher, doctor, social agency or other counseling professional that supports your claim of abuse (**or**)
3. Police reports

- ☐ My custodial parent is deceased and my other parent is still living. However, I have had no contact with my living parent (including financial support) for a significant period of time.

**Documentation required:**

1. A copy of the death certificate or obituary notice for the deceased custodial parent **and**
2. Documentation of the custodial relationship (i.e., a court document, copy of the divorce decree or other evidence that the deceased was the custodial parent) **and**
3. Letter (on official letterhead) explaining the situation in detail from a minister, social worker, psychologist, high school counselor, teacher, doctor, social agency or other counseling professional that supports your claim of not having contact with the non-custodial parent for a significant period of time.

- ☐ My situation does not fit those listed.

**Documentation required:**

1. Documentation that gives an accurate view of your history and circumstances, and that supports your claim of independence explained in your letter.

NOTE: The US Department of Education does not allow the school to make dependency overrides based solely on the following reasons:

- Student is self-supporting
- Parent(s) will not provide information on the FAFSA or for verification
- Parent(s) do not claim the student as a dependent for income tax purposes
- Parent(s) refuse to contribute to the student's education

If you receive no assistance (including health insurance) from your parents, and they are unwilling to provide their financial information for your financial aid, then you may be eligible for an **unsubsidized student loan**. You must provide a letter from your parent(s) confirming their 1) lack of financial support for you, and 2) their unwillingness to provide you with the necessary information for financial aid. You must meet all student loan requirements to be considered for this alternative process. Additional documentation may be required. Please direct any questions to the Office of Financial Aid.

### 3. CERTIFICATION

By signing this worksheet, I certify that all of the information reported on it is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature

Date

Student ID Number