

REQUEST FOR DEPENDENCY OVERRIDE 2014-2015

The Department of Education determines a student's status as dependent or independent by the answers the student provides in step three of the Free Application for Federal Student Aid (FAFSA). An appeal for reclassification to independent student status is usually granted on the basis of a complete irreparable breakdown of a family relationship due to more than personal choice. The Office of Financial Aid will exercise professional judgment in determining if an unusual or unique circumstance exists based on the student's ability to demonstrate the need for an appeal through the documentation provided.

Last Name	First Name	MI	Student ID #
-----------	------------	----	--------------

NOTE: Factors listed below **DO NOT** make a student eligible for a dependency override:

- **Parental unwillingness to give information or financial help to the student**
- **Whether or not the parents claim the student on their tax returns**
- **Whether or not the student lives with the parent**
- **Whether or not the student pays all their own expenses**

To be considered for a dependency override, the following documentation must be submitted along with this form:

1. Personal letter of appeal written by the student to include the following information:
 - a) Reason for requesting a dependency override.
 - b) Explanation of why parental (mother & father) information cannot be provided on the FAFSA.
 - c) Date (month and year) of last contact had with each biological parent.
 - d) Physical address of each parent if known.
 - e) Describe your current living arrangements including with whom you resided and who has provided support to you.

2. Two detailed letters from third parties who can validate your claims provided in your personal letter.
 - a) At least one of the two letters **MUST** be written by a professional that is not a relative (i.e. social worker, teacher, clergy, etc.)
 - a) Both letters must clearly indicate party's knowledge of your circumstances.
 - b) Individuals writing the letter must indicate their name, relationship to you, address and title.
 - c) The two letters cannot be from individuals who are related to each other or individuals who reside in the same household

3. Additional documentation that supports your claim (i.e. court documentation, death certificates, police report, etc.)

4. Verification documents: signed copy of federal tax returns, verification worksheet and low income worksheet if you earned less than \$6000.

I certify that the information listed on the form and all supporting documents concerning my request for dependency override are correct and complete. I also understand that all decisions are final and if the dependency override is denied that parental information will be required to process my FAFSA.

Student's Signature: _____ **Date:** _____