

Dependency Status Override Request Form

This form is used to request a review of your dependency status for financial aid purposes due to unusual or exceptional circumstances. Please complete all sections and print the form for submission.

1. Student Information

Full Name:

Student ID Number:

Academic Year of Request:

Email Address:

Phone Number:

Mailing Address:

2. Background Information

Please indicate the primary circumstance for your request (e.g., Parental Abandonment, Abusive Family Environment, Unable to Locate Parents, Death of Parents, or Other):

Primary Circumstance Category:

Briefly summarize your situation below (you must also attach a detailed written statement):

Summary Line 1:

Summary Line 2:

Summary Line 3:

3. Documentation Checklist

Please confirm the documents you are attaching to this request by typing "Yes" in the fields below:

Personal Statement explaining your situation:

First Professional Reference Letter (e.g., counselor, teacher, social worker):

Second Reference Letter (e.g., family member, friend, employer):

Other supporting documentation (court documents, police reports, etc.):

4. Certification and Signature

By signing below, you certify that all information reported on this form and any attachments is true, complete, and accurate. Purposely providing false information may result in a denial of this request or other legal penalties.

Student Signature (Sign after printing):

Date: