



## Professional Judgment - Dependency Override Appeal

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

The Financial Aid Department process the Dependency Overrides Appeal on a case-by-case basis for students with unusual circumstances. Circumstances listed below will NOT qualify as unusual circumstances to merit a Dependency Override:

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the FAFSA application
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrate total self-sufficiency

Please describe on a separate sheet of paper (typed) your unusual circumstances that you want us to consider for your Dependency Override.

Effective date of the unusual circumstance(s): \_\_\_\_\_ (be specific). Make sure you include supporting documentation since is critical to the dependency override process.

You ***MUST*** provide evidence to establish unusual circumstances. It can be a signed document from a reputable source such as: a letter from a teacher, counselor, medical authority, member of the clergy, government agency, court or prison administrator, etc., which supports your unusual circumstances.

Reputable source or third party letters ***MUST*** demonstrate knowledge of your unusual circumstances.

\_\_\_\_\_  
**SEE STATEMENT**  
\_\_\_\_\_

***I certify that all the information attached to this form, including signed statement(s) is true to the best of my knowledge. I further understand that if I intentionally provide any false or misleading information, my appeal will be denied and may affect my financial aid eligibility in the future.***

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### For Financial Aid Office Use Only

DEPENDENCY OVERRIDE APPROVED

DEPENDENCY OVERRIDE ***NOT*** APPROVED

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Financial Aid Administrator

\_\_\_\_\_  
Date