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 ____________________________