



Professional Judgment – Dependency Override Appeal

Student Name _____ Banner ID # _____

Phone Number _____

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) the breakdown in relationship between student and parent(s) and your unusual circumstances that you want us to consider for the 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 _____