PETITION FOR INDEPENDENT STUDENT STATUS

Academic Year: 2016-2017

Students are considered dependent by the Department of Education based on answers provided in step three of the Free Application for Federal Student Aid (FAFSA). Occasionally, due to extraordinary circumstances such as abusive family situations, parental incarceration, abandonment or other circumstances beyond the student’s control that demonstrate the irreparable breakdown of the family relationship, an exception can be made to allow a student to be considered independent for financial aid purposes. The Financial Aid Office will exercise professional judgment in determining if extenuating circumstances exist based on information and documentation provided from the student.

Student Name: _______________________________ Student ID: __________________

NOTE: The following factors do not make a student eligible for a dependency appeal approval:

- If parent(s) do not claim student as an exemption on their own tax return
- If student supported themselves and/or did not live with parent(s)
- If parent(s) are unwilling to pay for college expenses
- If student does not have any communication with parent(s) or it is difficult to obtain their tax information

If you have extenuating circumstances, please follow these instructions:

1. Submit a narrative that includes the following information:
   a. Reason for requesting a dependency override
   b. Explanation of why parental (mother and father) information cannot be provided on the FAFSA
   c. Description of circumstances the last time you had contact with parent(s) – When, where and the nature of the contact
   d. Description of self-support, including the start point of meeting expenses without parental support and manner of meeting expenses without parental support

2. Provide two (2) detailed letters that can validate situations addressed in appeal statement.
   a. At least one letter MUST be written by a professional (i.e. teacher, clergy, etc.). Letters should be on letterhead stationary or notarized with an original signature (cannot be typed).
   b. Both letters must clearly indicate party’s knowledge of your circumstances.
   c. Individuals writing the letter must indicate their name, relationship to you, address and title.
   d. The two letters cannot be from a significant other, individuals who are related to each other, individuals who reside in the same household or from someone living with you.

3. The following documentation must also be submitted with the appeal:
   a. A completed Independent Verification worksheet (available on Financial Aid website under Forms)
   b. 2015 tax return transcripts
   c. Any other additional documents that will support your appeal (court documents, death certificates, police reports, etc.)

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, parental information will be required to process my FAFSA.

Student Signature ___________________________ Date: ___________