

Student Information

_____ LAST	_____ FIRST	_____ MI	_____ ID NUMBER
_____ STREET ADDRESS			_____ EMAIL
_____ CITY	_____ STATE	_____ ZIP CODE	_____ PHONE

You may use this form to request a review of extenuating circumstances regarding your dependency status. You must complete all questions on this form. The Office of Undergraduate Financial Aid may request additional information/documents for consideration of your review. You must complete a 2019-2020 Free Application for Federal Student Aid (FAFSA) prior to submitting this review form.

Circumstances that, alone, do not warrant a dependency override:

- Parent refusal to contribute to educational costs
- Parent unwillingness to provide information on the FAFSA or for verification
- Parent(s) do not claim the student as a dependent for federal income tax purposes
- Student demonstration of total self-sufficiency

Attach the following documents to this form:

- A copy of your 2017 Federal Tax Return Transcript OR Expense Form and Letter of Non-Filing from the IRS if you did not file taxes.
- A detailed letter describing your relationship with your parent(s).
- Three reference letters from individuals who can confirm the circumstances supporting your request. At least one should be from a professional source, i.e. counselor, clergy, employer.

Please answer the following questions:

1. Where will you live in 2019?
 on campus off campus with parent(s)
2. Do either of your parents claim you on their Federal Tax Return?
 yes no
3. Do either of your parents provide your health insurance?
 yes no

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PURPOSEFULLY GIVING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL AND REFERRAL TO THE U.S. DEPARTMENT OF EDUCATION. I UNDERSTAND THAT, IF MY APPEAL IS APPROVED, **I MUST SUBMIT A STATEMENT EACH YEAR CONFIRMING THAT THE DOCUMENTED ADVERSE FAMILY CIRCUMSTANCES STILL EXIST.**

STUDENT SIGNATURE_____
DATE