



2026-2027 DEPENDENCY REVIEW

Office of Undergraduate Financial Aid

Student Information

LAST FIRST MI

ID NUMBER

STREET ADDRESS

EMAIL

CITY STATE ZIP CODE

PHONE

You must complete a 2026-2027 Free Application for Federal Student Aid (FAFSA) prior to submitting this review form. You may use this form to request a review of unusual 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.

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 2025 Federal Tax Return Transcript OR Expense Form if you did not file taxes.
 A detailed letter describing your relationship with your parent(s).
 Two reference letters from individuals who can confirm the circumstances supporting your request. At least one must be from a professional source, i.e. counselor, clergy, employer.

Please answer the following questions:

1. Where will you live in 2026?
 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, car insurance, or pay your cell phone bill?
 yes no

CERTIFICATION STATEMENT

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General.

STUDENT SIGNATURE

DATE