



Office of Financial Aid

2025 – 2026
DEPENDENCY OVERRIDE
Appeal Form

Student Name: _____ **Student ID:** _____

Complete this form if you have unusual circumstances that justify excluding your parents from your FAFSA.

PLEASE NOTE:

The following circumstances **DO NOT QUALIFY** for a dependency override:

- Parents will not contribute to the student's education.
 - Parents will not provide information for FAFSA or verification.
 - Parents do not claim the student as a dependent for income tax purposes.
 - Students do not live with parents and support themselves.
-

Instructions:

1. Submit an explanation of your situation. Statement must be detailed. Please be sure to explain your relationship with each of your parents.
2. Submit a signed and dated letter supporting your appeal:

ONE letter of support from a professional on their letterhead.
(Counselor, teacher, attorney, spiritual leader, etc.)

OR

TWO letters of support from family or friends who are familiar with your circumstances. These letters should include detailed information about your situation. They must also state their relationship to you.

3. You may submit any additional documentation you feel will support your appeal.

All appeal decisions are final.

Certification:

By signing below, I acknowledge and confirm that this information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature

Date

SUBMIT TO THE OFFICE OF FINANCIAL AID



Office of Financial Aid

2025 – 2026
DEPENDENCY OVERRIDE
Renewal Form

Student's Name: _____

Student ID: _____

Complete this form to **renew** your Dependency Override.

Instructions:

1. Write a detailed explanation of your current situation. If a separate statement is attached, it must be signed and dated.

- Be sure to indicate if your situation has improved or if they have not changed since your last appeal.

2. Provide new documentation if your circumstances have changed.

All appeal decisions are final.

Certification:

By signing below, I acknowledge and confirm that this information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature

Date

SUBMIT TO THE OFFICE OF FINANCIAL AID