

## 2018-2019 Dependency Override Request

SECTION A: STUDENT INFORMATION			
Name:	UNT Ass	signed ID:	SSN (last 4 digits only):
SECTION B: INSTRUCTIONS			
Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless <b>all</b> requirements are met.			
<ul><li>2. Atta incl</li><li>3. Atta</li><li>4. Cor</li></ul>	mplete the certification on this form. ach at least three (3) personal statement lude clergy, counselor, teacher, lawyer, ach personal statement indicating relation mpleted Free Application for Federal Staurn all documents to our office.	etc. onship with biological	
SECTION C	C: CERTIFICATION		
I am requesting consideration for a Dependency Override at the University of North Texas. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed. <b>Electronic signatures are not accepted.</b>			
Student	Signature	Date	