



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 PO Box 311370
 Denton, TX 76203-1370
 Fax: (940) 565-2738

2008-2009 Request for Renewal Dependency Override

SECTION A: STUDENT INFORMATION

Name:	UNT Assigned ID:
Telephone (include area code):	Social Security Number:

SECTION B: INSTRUCTIONS

Please follow the steps below to be considered for a renewal Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification in Section C below.
2. Complete a paper Free Application for Federal Student Aid (FAFSA), if not already submitted.
3. Return all documents to our office.

SECTION C: CERTIFICATION

I am requesting consideration for a renewal Dependency Override at the University of North Texas. I certify that my family situation remains the same as the previous year. I request to be considered as an independent student for financial aid purposes.

Student Signature

Date

X _____

Student Financial Aid and Scholarships Use Only

<input type="checkbox"/> Approved.	<input type="checkbox"/> Documentation on file.
<input type="checkbox"/> Entered paper FAFSA online or ISIR Correction made	
Date entered online or corrections made: _____	Date Reviewed: _____ Initials: _____