



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 1155 Union Circle #311370
 Denton, TX 76203-5017
 Fax: (940) 565-2738

2009-2010 Request for Institutional Dependency Change

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 Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification on this form.
2. Attach at least three (3) letters of reference. **Two (2) professional references are required.** Professional reference can include clergy, counselor, teacher, lawyer, etc.
3. Attach personal statement indicating relationship with mother and father.
4. Completed Free Application for Federal Student Aid paper form if not already submitted.
5. Return all documents to our office.

SECTION 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.

Student Signature

Date

X _____

Student Financial Aid and Scholarships Use Only

- | | | |
|--|--|--|
| <input type="checkbox"/> Personal statement attached. | <input type="checkbox"/> Denied - Student Remains Dependent. | <input type="checkbox"/> Denial letter mailed. |
| <input type="checkbox"/> Professional References attached. | <input type="checkbox"/> Approved. | <input type="checkbox"/> Approval letter mailed. |

Date Reviewed: _____ Initials: _____