

2016-2017 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 all requirements are met.			
2. Attac Profe 3. Attac 4. Comp	plete the certification on this form. The at least three (3) letters of reference essional reference can include clergy, the personal statement indicating relation pleted Free Application for Federal Strn all documents to our office.	counselor, teacher, lawye	er, etc. father.
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. I understand that I must sign and return this form for my financial aid to be processed. Electronic signatures are not accepted.			
Student S	ignature	Date	