

2018-2019 Dependency Override Request

SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned 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.

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 at Dallas. 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 Signature

Date

X _____

Return this completed form with any required documentation to:

*Student Financial Aid & Scholarships/University of North Texas at Dallas/7300 University Hills Blvd., Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu*