

2016-2017 Dependency Override Request

SECTION A: STUDENT INFORMATION

Name:	UNTD * Assigned II	SSN (last 4 digits only):
SECTIO	TON B: INSTRUCTIONS	
	e follow the steps below to be considered for a Depe wed unless all requirements are met.	ndency Override. Your application will not be
2. 3. 4.	Completed Free Application for Federal Student A	or, teacher, lawyer, etc. with mother and father.
SECTIO	TON C: CERTIFICATION	
that I q neglect require	requesting consideration for a Dependency Override qualify for consideration due to a breakdown in my ect. I request to be considered as an independent studied documentation to this form. I understand that I mocessed. Electronic signatures are not accepted.	family structure caused by abuse, abandonment or ent for financial aid purposes and have attached the
Stuc	udent Signature Date	
$oldsymbol{v}$		