



Unusual Circumstance Appeal Form  
(Dependency Status Override)

The basic premise of federal financial aid is that students and parents have the primary obligation to finance post-secondary education to the extent that they are able. This form is to be used by those financial aid applicants who are seeking a review of their dependency status based upon unusual circumstances not addressed in current federal dependency definitions.

The information requested on this form will be reviewed by the Office of Financial Aid. All supporting documentation should be attached to this appeal form.

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

**APPEALABLE CIRCUMSTANCES**

- 1. Severe circumstance within parent(s) household that prevent you from obtaining parent’s financial information. *Examples include: Abuse, abandonment, incarceration, incapacitation, etc.*
- 2. Death of parent after submitting FAFSA where surviving parent meets example(s) listed in number 1.
- 3. Extenuating circumstance that prevents all contact with parent(s) not described above.

**NON-APPEALABLE CIRCUMSTANCES**

- 1. Living on your own by normal means and circumstances
- 2. Parents do not/ cannot afford to contribute to college
- 3. Parent refused to provide information

**REQUIRED STATEMENT**

Explain the reason(s) for your request to be considered an independent student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTATION**

Documentation should be related to the situation you described above. Medical records, court documents, police reports, death certificates, inmate information, or a third-party letter are all acceptable documentation. A third-party letter can be from a professional who can verify the situation described in your statement. This includes, but is not limited to, a doctor, counselor (high school or mental health), clergy, attorney, and/or social services staff. Please list below all of the supporting documentation provided:

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**CERTIFICATION**

I certify that all the information and documentation that I have submitted pertaining to this appeal is true and complete.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

FAA: \_\_\_\_\_

Date: \_\_\_\_\_