

Dependency Override Request Form

Student Name: _____ A#: _____

You may complete and submit this application if:

You do not meet the definition of an independent student for financial aid purposes as defined by the U.S. Department of Education, and you believe that you have a justifiable unusual circumstance that differentiates you from other SRSU students making it unreasonable to assess your parent's ability to contribute to your educational costs.

To request a dependency override, submit the following to The Office of Financial Aid:

- **A completed form.**
- **A personal statement explaining the need for the dependency override.**
- **A letter from a close relative (e.g., grandparent, aunt, uncle, etc.) supporting your statement.**
- **A completed letter from a professional on letterhead, with signature and (e.g., pastor, attorney, counselor, teacher, principal, employer, etc.) who is not related to you and is familiar with your circumstance.**
- **Any additional supporting documentation which you believe will further justify a dependency override (e.g., a death certificate, proof of incarceration, legal documentation that will support the student statement).**

Student Signature: _____ Date: _____

For Questions please contact The Office of Financial Aid: FA@SULROSS.EDU