REQUEST FOR DEPENDENCY OVERRIDE

Academic Year  2023-2024

When you apply for federal student aid, your answers to certain questions on the Free Application for Federal Student Aid (FAFSA) determine whether you are classified as dependent on your parents or independent. Most traditional age college students are dependent and must report parental income. However, we realize there are a limited number of cases where unusual/extreme circumstances make a student independent. If you think you have an unusual/extreme situation that warrants a dependency override, you must provide proof of your situation. Therefore, in order for the Financial Aid Office to make this determination, you must supply the information requested below. The information listed under “Documentation Required” along with this completed form must be submitted together to the Financial Aid Office. Information that arrives under separate cover will not be considered. Once a Financial Aid Officer reviews the information you provide, he/she will determine if your circumstances warrant a change in your status to independent. Keep in mind this decision is based on the Financial Aid Officer's judgment, and it is final – you cannot appeal it to the U.S. Department of Education.

You will normally receive a response to your request within 10-14 business days. This response time may increase during peak periods (May-August).

__________________________  ______________________________
Student Name (Please Print)         FSU ID

__________________________  ______________________________
Address                     City                     State                         Zip

__________________________  ______________________________
Home Phone                      Work Phone (if applicable)

Award Period for which you are requesting consideration:
___ Fall 2023                   ___ Spring 2024                      ___ Fall/Spring 2023-2024
DOCUMENTATION REQUIRED:

1. Signed letter from you describing your situation in detail including information about living arrangements.

2. Signed letters (with telephone numbers) from at least three others who have specific information about your situation, including information about your living arrangements. At least one of these letters must come from a professional familiar with your situation, such as a high school guidance counselor or clergy member. Other individuals who may provide supplemental letters include family members, or other individuals from your hometown who know specific information about your situation. (Information supplied by a current FSU student on your behalf will not be considered).

3. Other documentation that may support your claim to independence. Examples of other acceptable documentation may include court documents, police reports, or letters or documents from other agencies such as the Department of Social Services. Depending on your situation, this type of information may be required to support your case for a dependency override. In such cases, an override will not be granted until this documentation is provided to our office.

4. Signed federal IRS forms from you for calendar year 2021 (if applicable).

Mandatory Reporting of Child Abuse

Please be aware that, according to Maryland law, educators are required to report current and past child abuse and neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in any submitted paper work or to any financial aid staff personally, we are required by law to report it. Please contact the

CERTIFICATION:

My signature certifies that the information I have attached to this form is accurate and correct to the best of my knowledge. My signature also gives the Office of Financial Aid permission to contact any of the persons referred to in my documentation. If I have purposely given false or misleading information, I understand that I will have to repay aid I received. In addition, I may be referred to the Secretary of Education and may be fined $10,000 and/or sent to prison.

__________________________  ________________________
Student Signature                  Date

DEPENDENCY OVERRIDE APPROVED/DENIED DUE TO:

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