



Aid Year: \_\_\_\_\_

**Request for Dependency Override**  
Office of Student Financial Aid | Florida Atlantic University

Submit this form online via [owlfiles.fau.edu](http://owlfiles.fau.edu)  
Need Help? Visit [fau.edu/finaid/contact](http://fau.edu/finaid/contact)

\_\_\_\_\_  
Student Name

  Z    
Student Z Number

\_\_\_\_\_  
FAU Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

The Office of Student Financial Aid is required to consider parent information and calculate a parental contribution for students who do not qualify for independent status according to the guidelines set in the Free Application for Federal Student Aid (FAFSA) unless it is determined by the school that the student has unusual circumstances that warrant a dependency override. These determinations are made on a case-by-case basis with supporting documentation.

**Note that none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:**

1. Parents refuse to contribute to the student's education.
2. Parents will not provide information for the FAFSA or verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

**Please review the qualifying reasons for appeal and check the one, which best describes your circumstances:**

1. ☐ Abusive family environment that threatens the student's health or safety
2. ☐ Parental abandonment
3. ☐ Parental incarceration
4. ☐ Death of parent after filing the FAFSA and surviving parent meets one of the conditions above (requires death certificate be provided in addition to documentation that relationship with surviving parent meets one of the above conditions).
5. ☐ Human trafficking
6. ☐ Refugee or asylee status

**NOTE:** If the above circumstances exist, the student may be eligible for unsubsidized Direct Loans only by submitting a "Dependent Students Without Parental Support" form. If you are an unaccompanied homeless youth submit an "Unaccompanied Homeless Youth" form.

**YOU MUST SUBMIT THIS FORM ALONG WITH THE FOLLOWING:**

1. A detailed **Student Statement of Circumstances** explaining the reason for your request.  
(You may use the area on Page 2 of this form.)
2. Any additional **third-party documentation** (detailed on Page 2) that supports your statement, if possible.

**STUDENT STATEMENT OF CIRCUMSTANCES:**

You may use this space to explain your special circumstances and why you are requesting to increase your cost of attendance.

**ADDITIONAL DOCUMENTATION:**

**Acceptable** sources of documentation include a statement on company letterhead from clergy, high school guidance counselor, medical doctor, mental health professional, teacher or professor, attorney, law enforcement officer, social worker, and officers of the court stating they confirm the circumstances described in your personal statement and for how long they have been aware of such circumstances. **You must provide contact information for the professional specified above, so we may authenticate.**

Signed statements from family and or friends may be submitted as supporting documentation to the statements required above but **alone** will not be considered as adequate documentation of circumstances.

**NOTE:** If your last name is different from your parent's, please provide legal documentation (birth certificate, adoption certificate, marriage license, divorce decree, or other) to confirm your parent/dependent relationship.

I hereby certify that all information contained in this request for dependency override is true and complete. I understand that by submitting a dependency override I am only requesting for a change of dependency status to be considered, that I am not guaranteed approval nor am I guaranteed to receive additional funding. I understand that a decision regarding the override is final and cannot be appealed to the Department of Education.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have not yet completed and filed your free application for federal student aid (FAFSA), please complete the FAFSA prior to submitting this appeal.**