

Student Information_____
LAST FIRST MI_____
ID NUMBER_____
STREET ADDRESS_____
EMAIL_____
CITY STATE ZIP CODE_____
PHONE

You may use this form to request a review of extenuating circumstances regarding your dependency status. You must complete all questions on this form. The Office of Undergraduate Financial Aid may request additional information/documents for consideration of your review. You must complete a 2022-2023 Free Application for Federal Student Aid (FAFSA) prior to submitting this review form.

Circumstances that, alone, do not warrant a dependency override:

- Parent refusal to contribute to educational costs
- Parent unwillingness to provide information on the FAFSA or for verification
- Parent(s) do not claim the student as a dependent for federal income tax purposes
- Student demonstration of total self-sufficiency

Attach the following documents to this form:

- A copy of your 2020 Federal Tax Return Transcript OR Expense Form and Letter of Non-Filing from the IRS if you did not file taxes.
- A detailed letter describing your relationship with your parent(s).
- Three reference letters from individuals who can confirm the circumstances supporting your request. At least one should be from a professional source, i.e. counselor, clergy, employer.

Please answer the following questions:

1. Where will you live in 2022?
 on campus off campus with parent(s)
2. Do either of your parents claim you on their Federal Tax Return?
 yes no
3. Do either of your parents provide your health insurance?
 yes no

CERTIFICATION STATEMENT

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General. I understand that, if my appeal is approved, **I MUST SUBMIT A STATEMENT EACH YEAR CONFIRMING THAT THE DOCUMENTED ADVERSE FAMILY CIRCUMSTANCES STILL EXIST.**

STUDENT SIGNATURE_____
DATE