

**Student Information**

|                         |                |                   |                    |
|-------------------------|----------------|-------------------|--------------------|
| _____<br>LAST           | _____<br>FIRST | _____<br>MI       | _____<br>ID NUMBER |
| _____<br>STREET ADDRESS |                |                   | _____<br>EMAIL     |
| _____<br>CITY           | _____<br>STATE | _____<br>ZIP CODE | _____<br>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 2023-2024 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 2022 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).
- Two reference letters from individuals who can confirm the circumstances supporting your request. At least one must be from a professional source, i.e. counselor, clergy, employer.

**Please answer the following questions:**

- Where will you live in 2023?  
 on campus     off campus     with parent(s)
- Do either of your parents claim you on their Federal Tax Return?  
 yes     no
- Do either of your parents provide your health insurance, car insurance, or pay your cell phone bill?  
 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