



# 2012-2013 DEPENDENCY REVIEW

STUDENT INFORMATION

_____			_____
LAST	FIRST	MI	ID NUMBER
_____			_____
STREET ADDRESS or PO BOX			EMAIL
_____	_____	_____	_____
CITY	STATE	ZIP CODE	HOME 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 Financial Aid Office may request additional information/documents for consideration of your review. You must complete a 2012-2013 Free Application for Federal Student Aid 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 2011 federal tax return transcript or income statement if you are a non-filer
- 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:**

*Where will you live in 2012?*

- off campus    with parent(s)

*Did your parent(s) claim you on their federal tax return in 2011?*

- yes    no

*Will your parent(s) claim you on their federal tax return in 2012?*

- yes    no

*Did your parent(s) provide your health insurance for 2011?*

- yes    no

*Will your parent(s) provide your health insurance for 2012?*

- yes    no

**CERTIFICATION STATEMENT**

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PURPOSEFULLY GIVING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL AND REFERRAL TO THE U.S. DEPARTMENT OF EDUCATION. I UNDERSTAND THAT IF MY APPEAL IS APPROVED, I MUST SUBMIT A STATEMENT EACH SUBSEQUENT YEAR CONFIRMING THAT THE DOCUMENTED ADVERSE FAMILY CIRCUMSTANCES STILL EXIST.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE