



**DEPENDENCY OVERRIDE APPEAL REQUEST FORM**  
**Select**

**Student Information:**

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Please fully read before completing.**

You are requesting an appeal of your Dependency Override request determination to receive Title IV funds. You must complete this appeal request form and submit it to a Financial Aid Officer at your campus. Your request will be evaluated by the Financial Aid Institutional Director. Once your appeal request has been evaluated, you will be notified in writing of the decision. **The determination is final and cannot be appealed to the U.S. Department of Education.**

**Required Documents:**

- I. **Dependency Override Appeal Request Form Select** – Properly completed and signed.
  - a. **Student Certification** – This certification must provide additional details, which were not mentioned in the original certification that can help justify the situation.
    - i. **Evidence** – You should include additional evidence which was not presented in the original certification to help justify the situation.
  - b. **Additional Certification** – This certification must include additional details, provided by another person, which were not mentioned in the original certification that can help justify the situation.

STUDENT CERTIFICATION

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Postal Address \_\_\_\_\_

Cellphone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

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I certify that the information provided in this application form is true and correct. I understand that submitting false information to receive Federal Financial Aid is considered a federal crime and may be punished by fine, imprisonment or both.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Month/Day/Year

**ADDITIONAL CERTIFICATION**

Name \_\_\_\_\_ Relationship (Title Professional/Family) \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Email \_\_\_\_\_

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**The person signing below certifies that all of the information reported is complete and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

**Official Stamp**

 **Copy of this document must be kept in the student's file.**