NUC - FTC Pembroke Division

2019-2020

DEPENDENCY OVERRIDE APPEAL REQUEST FORM

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 2019-2020** – 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 _____

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 _____

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.