

2016-2017 Dependency Override Request

SECTION A: STUDENT INFORMATION			
Name:	UNT As	signed ID:	SSN (last 4 digits only):
SECTION B: INSTRUCTIONS			
Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless all requirements are met.			
2.3.4.	Complete the certification on this form. Attach at least three (3) letters of reference Professional reference can include clergy, Attach personal statement indicating relati Completed Free Application for Federal S Return all documents to our office.	counselor, teacher, lawye onship with mother and f	er, etc. Father.
SECTION C: CERTIFICATION			
I am requesting consideration for a Dependency Override at the University of North Texas. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed. Electronic signatures are not accepted.			
Stuc	dent Signature	Date	