

Request for a Dependency Override

Academic Year 2014 - 2015

Please Print or Type:

Student=s Name _____

SS# or CWID _____

Mailing Address _____ Daytime Telephone: (_____) _____

City/State/Zip _____ E-mail _____

Financial aid regulations and law assume that the family has primary responsibility for meeting the educational costs of their student. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to the student information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid. This requirement has been reaffirmed in the reauthorization of the Higher Education Act signed into law October 7, 1998.

Please explain in detail the reason(s)* for your request. Your *request* to waive the federal regulations requiring parental information is NOT a GUARANTEE of approval. Each request is evaluated on an individual basis and **must be reaffirmed each year, if applicable**. Documentation must clearly support your request. The decision by the Financial Aid Officer is final and cannot be appealed to the University Administration nor to the U. S. Department of Education. *Your request should be submitted AFTER your 2014-2015 Free Application for Federal Student Aid (FAFSA) has been submitted online.*

Note: *written information/ documentation may include (but not limited to) the following:

1. Identify the location of both of your parents.
2. Describe the last time you had contact with each of your parents: When? Where? Nature of the contact?
3. If applicable, death certificates, obituary, student's birth certificate may be required.
4. Describe **how** you have been self-supporting. When did you start meeting your expenses without parental support?
5. Documentation from a third party source such as minister, social worker, high school counselor, etc.

Third party documentation must be on letterhead from a business/company, church, etc. If not on letterhead, letter must be notarized. Family member(s) or someone who is very familiar with the situation may add to the documentation. *Dependency override requests submitted without this documentation will not be considered.*

Return all documentation to: P.O. Box 7925
Ruston, LA 71272

Your request for a dependency override should include the following:

- a. Written request
- b. Supporting documentation

Provide complete, accurate addresses, telephone number(s), e-mail addresses so we can contact you quickly should we require additional information.

You will be notified by email of our decision within 14 to 21 days if all documentation has been provided.

<i>FOR OFFICE USE ONLY</i>	
Prior year dependency override ____ Yes ____ No	
Prior EFC _____	
<input type="checkbox"/>	Denied/does not meet criteria
<input type="checkbox"/>	Request approved
<input type="checkbox"/>	Incomplete request / need other documents
<input type="checkbox"/>	Other (see comments)
New EFC _____	
_____ Date Submitted Electronic Corrections	
COMMENTS:	

_____	_____ Emailed Student
FAO Counselor	