

Dependency Override Form

Student Name _____ Social Security # _____

I request to be considered as an Independent Student because of my family situation stated on the attached documents. (Please attach all documents to this form) **Return to: Morris College, Office of Financial Aid, 100 W. College Street, Sumter, SC 29150 (Fax: 803-773-3687)**

Signature

Date

.....
Do not write below this line (for office use only)

_____ Request Approved

Rationale: _____

_____ Request Disapproved

Rationale: _____

Financial Aid Director's Signature

Date