

DEPENDENCY OVERRIDE REQUEST RENEWAL FORM

UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA

Financial Aid Office 1727 W. Alabama, Chickasha OK 73018-5322

Troutt Hall, Room 112 Phone: (405) 574-1353 Fax: (405) 574-1220 Email: financialaid@usao.edu

Student Name: _____ Student ID: _____

Address: _____ Phone: _____

You were approved for a dependency override request and considered independent on the FAFSA for the previous year. The independent status must be renewed each year, following a review of your continuing extenuating circumstances.

To file an appeal for independent status renewal please complete the following:

Attach a signed letter from you explaining the following:

1. Has there been any change in circumstances since the original decision? Explain why there has been no change.
2. If there has been a change, please explain the change and how it effects your request.
3. How you have been supporting yourself.
4. Explain any additional unusual circumstances that were not included in the original request that should make you an independent student.

Required Documentation in addition to the above statement:

1. Complete The Free Application for Federal Student Aid (FAFSA) online at studentaid.gov. If you are unable to answer Yes to any of the questions regarding Dependency Determination, then answer the Dependency Status Results page with "I am unable to provide parental information" and continue the FAFSA providing your financial information.
2. A request for dependency override renewal form (this form).
3. Documentation to show how you have been supporting yourself: tax return, lease/rent agreement, utility bills, health insurance policy, etc.

When completed, submit all documents to the Science & Arts Financial Aid Office. After submitting a request and complete documentation, your status will be reviewed, and a decision rendered. You will be notified within 30 days. **All decisions are final** and cannot be appealed.

Certification: I certify that the circumstances for which I was granted the initial dependency override still exist and still qualify me for consideration. I also certify that the information submitted in this renewal is accurate and complete to the best of my knowledge. I will provide additional information as requested.

Student's signature: _____