



## DEPENDENCY OVERRIDE REQUEST 2017-2018

### Reason for Dependency Override

*Most traditional dependent students for financial aid purposes have a biological, adoptive and /or stepparent and students must report parental income and information on the FAFSA. However, for students in limited case by case bases that the dependency status does not meet the traditional dependent student criteria because of unusual circumstances must submit a signed typed letter and proof of the unusual circumstances to the Office of Financial Aid. In addition students must submit this completed form and documents from the Documentation Required list that best describes your circumstances. A review process will occur per case by case and a final decision will be rendered to override student's dependency status to independent or not to override. Once the decision is made by the school it cannot be appealed to the Department of Education. Response time 10---14 business days.*

### Documentation Required

1. A typed signed letter from you describing your situation in detail, including living arrangements
2. Signed letter from another person that has specific information about your situation. Acceptable letters from family members, high school guidance counselors, clergy, letters from other individual that do not include current Morgan student
3. Other acceptable documentation (need to be on letterhead of facility and agency) that may support your situation are; court documentation, police reports, letters from outside agencies i.e. social services.
4. If you have submitted a dependency override during the last academic year and your circumstances have not changed you will not receive an automatic override. You must resubmit a request each academic year with a statement verifying that your circumstances remain the same.

### *\*Reasons that will not be considered as Dependency Override Situations*

- Parents refuse to contribute to student's education
- Parents unwilling to provide information on the FAFSA or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self--- sufficiency

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Contact #: \_\_\_\_\_

### Certification:

My signature below certifies that the information that I have submitted with this form is correct and truthful to the best of my knowledge. I give the Office of Financial Aid (OFA) permission to contact any person referred to in my documents that I have submitted or had faxed or mailed on my behalf. If I have purposely given false or misleading information I understand that the OFA will return my aid to the appropriate programs and I will have to pay all balances to the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Deadlines for Override Request: Fall Semester: June 30; Spring Semester: February 27*

*Students must apply each year for a dependency override until the student is automatically considered independent per federal criteria*