

## Dependency Override Renewal Form 2018-2019

*This request is only for students who had an Approved Dependency override at Felician University last year.*

A student with an approved Dependency Override for the previous year at Felician University who does not meet the federal criteria for independent status on the upcoming year's FAFSA may submit this Dependency Override Renewal Request. Upon receipt of your request, our office will determine if circumstances continue to exist for granting a dependency override.

### Section 1: Student Information

Academic Year: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

### Section 2: Personal Statement

In the space below, provide a detailed explanation of the unusual and extenuating circumstances that remain unchanged, which led to your approved dependency override during the last academic year.

### Section 3: Student Certification

I certify that the information listed on this form concerning a dependency override continuation is correct and complete.

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

Return this form to:

Office of Financial Aid, 262 South Main St., Lodi, NJ 07644

Students will be notified of appeal decision via university email.

#### *Staff Use Only*

Approved: \_\_\_ Denied: \_\_\_ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_