

GEORGIA SOUTHERN UNIVERSITY
2007-2008
DEPENDENCY STATUS APPEAL FORM

Please review the following information BEFORE submitting a dependency override appeal form to our office.

MYTH: I am independent because at least one of the following is true:

My parents do not claim me as an exemption on their federal tax return.

My parents are not able (or not willing) to pay any of my school expenses; I pay for everything.

My parents live out of state, and I have a Georgia address.

FACT: Dependency, according to federal financial aid law, is NOT determined by any of the above situations. For example, a student who is classified as independent for federal tax filing purposes may or may not also be classified as independent for financial aid filing purposes. In general, your answers to “Step Three” of the FAFSA determine whether or not you can file the FAFSA as an independent student (which means you do not include parent information on your FAFSA). If you answer “Yes” to any of the items in “Step Three,” then you are considered independent for financial aid purposes and can complete the FAFSA without parent information. We do offer the option of a dependency override by appeal for students with extreme extenuating circumstances. A dependency override, IF APPROVED, will re-classify the student as independent due to extenuating circumstances, as validated by required documentation. There is no guarantee that an appeal will be approved, and this independent status does NOT automatically carry over from one academic year to the next. Please review the following appeal form for information required to receive a dependency override.

In rare instances, a student may have extenuating circumstances that are not identified when completing the FAFSA. The following form gives a student the ability to appeal dependency status for reasons other than being financially self-supporting. The federal government does not recognize the amount of a student’s income as a reason to consider the student independent. **A parent’s choice to not pay for a student’s education is not recognized by the Federal Government as an allowable appeal.** This appeal process gives the student the ability to state difficult circumstances that may permit a change of dependency status. Please see additional information about dependency status at <http://www.fafsa.ed.gov>.

GEORGIA SOUTHERN UNIVERSITY

Post Office Box 8065

Statesboro, GA 30460

912-478-5413

http://students.georgiasouthern.edu/finaid

2007-2008

**Dependency Override
Verification Requirements**

Student Name: _____ Eagle ID # _____

Student Email: _____

Please submit the following information for consideration of a Dependency Override:

Date Received *Required*

- | | | |
|-------|-------|--|
| _____ | _____ | Letter explaining why you should be re-classified as independent.
Be very specific as to how you will support yourself without help from your parents. |
| _____ | _____ | Two NOTARIZED letters from other people, who have first-hand knowledge of your situation and can attest that you do not visit, converse with or receive support from your parent(s). Examples: lawyer, minister, high school official, teacher, adult relatives. |
| _____ | _____ | Student and Parent 2005 and 2006 Tax Returns. |
| _____ | _____ | A completed 2007-2008 paper FAFSA if one has not been submitted online. |
| _____ | _____ | Statement from parents indicating that they will not claim you in 2007 and that they have not provided support for you in 2005 and 2006. |
| _____ | _____ | Copy of student's most recent 2007 year-to-date pay stub. |
| _____ | _____ | Copy of current lease and all bills in your name (student) that you pay. |

FAILURE TO PROVIDE COMPLETE AND DETAILED INFORMATION WILL DELAY THE PROCESS AND POSSIBLY KEEP YOU FROM BEING DECLARED INDEPENDENT. ADDITIONAL DOCUMENTATION MAY BE REQUESTED AT THE DISCRETION OF THE FINANCIAL AID COUNSELOR.

I am enclosing the requested documents and ask that the Professional Judgment Committee consider my request for independent status.

STUDENT SIGNATURE _____ **DATE** _____

*****OFFICE USE ONLY*****

Additional Notes to student's file:

Dependency override Outcome: Approved Denied Additional information required:

Committee signatures: _____ Date: _____