



REQUEST FOR DEPENDENCY STATUS CHANGE

Office of Financial Aid Phone: (706) 245-2813

Student's Name: _____

Emmanuel University ID#: _____ Date of Birth: _____

You have suggested that you have unusual circumstances that would make you independent for financial aid purposes. Certain circumstances may warrant re-evaluation of your status.

Please review the conditions below and check all that apply.

- ☐ Parents refuse to contribute to your education.
- ☐ Parents are unwilling to provide information on the FAFSA or for verification
- ☐ Parents do not claim you as a dependent for income tax purposes
- ☐ Student demonstrates total self-sufficiency (For example, you pay all your own bills, rent/lease, have your own insurance).

If you checked any of the criteria above, you are **NOT** eligible for a dependency override. Federal regulations state that **none of the conditions listed above, singly or in combination, qualify as unusual circumstances meriting a dependency override.**

WHO IS ELIGIBLE?

Unusual circumstances **do include** an abusive family environment or abandonment by parents and may cause any of the above conditions. In such cases a dependency override might be warranted. If you feel there are unusual circumstances in your life that may necessitate a dependency override, please complete this application. Attach an explanation of your appeal that details the circumstances that you feel qualifies you to be independent. Include any supporting documentation you may have.

You should also provide statements from at least 2 other individuals (non-family members) that can confirm your circumstances. Once all documentation has been compiled, please forward it to the Office of Financial Aid as soon as possible.

Student's Signature _____ Date _____

For Office Use Only:	Approved	Not Approved	Date: _____
----------------------	----------	--------------	-------------