

CONCORDIA UNIVERSITY

WISCONSIN & ANN ARBOR

Student's Name: _____

Student's ID F00 _____

2026-2027 Dependency Override Request

1) What is a Dependency Override?

- a. In cases involving unusual circumstances, financial aid administrators have the authority to change a student's "dependency" status from dependent to independent. Examples of extraordinary circumstances include **documented** cases of child abuse, incarceration of custodial parent, or estrangement from parents.

2) What is not considered a Dependency Override?

- a. Parents do not claim the student as a dependent for tax return purposes
- b. Student lives independently from their parents
- c. Parents refuse to provide information on the FAFSA application
- d. Parents refuse or are unable to provide financial support to student

Dependency Override Checklist

****You must complete all of the following steps before this request will be reviewed****

- ☐ Complete a 2026-2027 FAFSA
- ☐ Include all requested documentation listed below:
 - 1) Personal Statement from student describing the situation including the extraordinary family circumstances that led to the student leaving the parent's household. The letter must include student's means of support since leaving the parent's household as well as all relevant dates.
 - 2) Letters (on letterhead if possible) from three professionals verifying the family circumstances described by the student. Professionals may include guidance counselors, clergy members, teachers, doctors, family counselors, mental health professionals, and law enforcement personnel. Please refrain from submitting letters from immediate family.
 - 3) Attach additional supporting documentation (e.g. court documents, legal documents or police reports)

By signing below, I attest that the information submitted with this request is accurate and true. I acknowledge that any false information is subject to consequences including but not limited to revocation of federal financial aid. I understand that completing this form does not guarantee any adjustments will be made to my Financial Aid Award and that any potential adjustments are only applicable for the current aid year and will not automatically apply for the next aid year. I understand that from the time all necessary documentation has been received, this review will take approximately two weeks to complete.

Student's Signature: _____

Date: _____

FA Counselor Recommendation: _____ Yes _____ No

Date: _____

Director's Approval: _____

Date: _____