



FINANCIAL AID SERVICES

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Phone: (318) 342-5320

Email: finaid@ulm.edu | URL: <http://finaid.ulm.edu>

2024-2025 DEPENDENCY OVERRIDE RENEWAL

Student Information:

Last Name: _____ First Name: _____ CWID: _____

Email: _____@warhawks.ulm.edu Phone #: () _____

Federal financial aid regulations specify that you must meet certain criteria to be considered independent for federal financial aid purposes. These criteria are listed on Step Three of the FAFSA.

You **cannot** be considered independent for financial aid purposes based on the following reasons:

- You live on your own and pay your own bills.
- Your parents do not claim you on their tax return.
- Your parents refuse to contribute to your education.
- Your parents are unwilling to provide information required on the FAFSA or for verification purposes.

You requested reconsideration of your dependency status for a previous academic year and your request was approved. Please confirm whether or not your dependency status has changed for the 2024-2025 academic year.

Please select one of the following:

- ☐ My dependency status has not changed since last year. Please renew my Dependency Override Request for the 2024-2025 academic year.
- ☐ My dependency status has changed since last year. My Dependency Override Request must be reviewed to verify I still qualify as an independent student for the 2024-2025 academic year. Explain: _____
- _____
- _____

Note: The Committee may request additional documentation to support this request.

Certification and Signature:

By signing this worksheet, I certify that all of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. **WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both. All signatures must be handwritten. Electronic signatures cannot be accepted.**

Student signature (no e-signature)

Student Printed Name

Date

OFFICE USE ONLY

☐ Approved ☐ Denied

Additional Notes:

Initials: _____

Date: _____