

FINANCIAL AID SERVICES

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2025-2026 DEPENDENCY OVERRIDE RENEWAL

| .ast Nan | ne: | First Name: | · | CWID: | |
|-------------------|---|---|----------------------------|--------------------------|-------------------------|
| mail: _ | | @wa | rhawks.ulm.edu | Phone #: <u>(</u>) | |
| | _ | tions specify that you mu se criteria are listed on St | | | dependent for federal |
| • | You live on your o Your parents do no Your parents refus | independent for financial wn and pay your own bill ot claim you on their tax i se to contribute to your e inwilling to provide inforr | s. return. ducation. | | |
| ou requ | iested reconsidera | tion of your dependency not your dependency sta | status for a previo | us academic year and yo | ur request was approved |
| Please se | elect one of the fo | llowing: | | | |
| | My dependency status has not changed since last year. Please renew my Dependency Override Request for the 2025-2026 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 2025-2026 academic year. Explain: | | | | |
| - | | | | | |
| Note: The | Committee may reque | est additional documentation t | to support this request | | |
| By signing the be | est of my knowledg ou may be fined, s | e: I certify that all of the infoge. WARNING: If you pure Sent to prison, or both. A | rposely give false o | and/or misleading inforn | nation on this form or |
| Student sign | nature (no e-signature) | | St | udent Printed Name | Date |
| | | | OFFICE USE ONLY | | |
| ☐ Appro | oved Denied | Additional Notes: | | | |
| Initials: _ | | | | | |
| | | | | | |
| Date: | | | | | |