



**FINANCIAL AID SERVICES**

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**2026-2027 DEPENDENCY OVERRIDE REQUEST**

**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. You may request reconsideration of your dependency status if there were extenuating circumstances that should be taken into consideration.

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.

**If you would like the Committee to consider your request for a dependency override, please complete this form and attach all necessary documentation.**

**SUPPORTING DOCUMENTATION:**

In addition to this Dependency Override Request, we are required to collect the following documents:

- A signed, detailed letter from the student explaining the unusual circumstances supporting this request, including the relationship with both parents.
- Letters of support from relatives and non-relatives (e.g. counselor, clergy, teacher, employer, police, etc.) who can confirm the statements in your explanation letter. The letter must include the type and length of their relationship to you.
- Any and all other documentation that may help the Appeals Committee understand your family circumstances.

**Note: The Appeals 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: \_\_\_\_\_