

2024-2025 DEPENDENCY OVERRIDE APPEAL

Name	Stude	Student ID		
Address	City	State	Zip	
The U.S. Congress designed the Federal that families have the primary responsibil Many students feel they are independent or because their parents no longer claim Office is required by federal law to conside specific criteria as defined on the FAFSA. We may be able to override your dependent that make it impossible for you to Parent refusal to contribute to educate not, by itself, a basis for a review.	ity to pay for higher because they are them on their incomer parent informated dent status if unuthave contact with the parent of the parent o	r education as the currently living or me taxes. The Firsion unless the student family circusth your parents.	y are able. In their own Inancial Aid Ident meets Immorrances	
May Warrant	Doe	s Not Warrant		
☐ Documented abandonment		refuse to provide on for the FAFSA		
☐ Parental drug abuse		do not claim student and for income tax purp		
☐ Physical or emotional abuse	☐ Parent(s)	are unwilling or unab to student's education	le to	
☐ Sever estrangement from parent(s)		lemonstrates self-		
☐ Parental mental incapacity	☐ Student r	eluctant to request inc on from parent(s)	come	
☐ Your parent(s) live out of the country	_	loes not wish to		

Before the Financial Aid Department will consider any changes regarding dependency status, you must complete this form and provide supporting documentation. We may request additional information for consideration of your review.

communicate with parent(s)

and unable to maintain contact

<u>Documentation:</u>	
Select from the options below, attach the required documents to this form.	
I was granted a Dependency Override and received financial aid as an independent student in 202	23-24:
1. Provide an updated letter describing your current situation and relationship with you parent(s).	
OR	
I believe my family situation warrants Dependency Override consideration:	
1. A letter of explanation, written by the student, detailing:	
 The family circumstances that led to the student to leave the parents' household. Last known contact with your parents. How you have been supporting yourself. Where and with whom you have been living. 	
 Letters from two professionals (on their official business letterhead stationery), verifying the circumstances described by the student. *Professionals include guidance counselors, clergy members, teachers, doctors, family counselors, mental health professionals, and law enforcem personnel. Contact information should be included. 	-
3. Court documents or other supporting documentation relevant to the student's situation.	
CERTIFICATION: All the information provided on this form is true and correct to the best of my knowledge at If asked by an authorized official of the college, I agree to give proof of the information that I have given on the further understand that if I do not give proof, my request for dependency override appeal will not be confunderstand that purposely providing false or misleading information on this form may result in reduction or red faid, fines, and/or imprisonment. I authorize the use of this information and any supporting documental utilized at the College of Southern Maryland.	nis form. I sidered. I epayment
Student's Signature Date CSM Student ID	

Please allow two weeks for processing after we have received all requested documents.

FAD Office Hours: Monday-Thursday | 8:30 a.m. - 5:00 p.m. Friday | 8:30 a.m. - 4:30 p.m.