



## **2026-2027 Dependency Override Request Form**

What is a Dependency Override?

When you completed your Free Application for Federal Student Aid (FAFSA), the questions in the student status section determined that you were required to apply for Financial Aid as *DEPENDENT* student and include your PARENT(S) information. Financial Aid administrators have the authority to change a student's dependency status, based on supporting documentation, from dependent to independent in cases of extreme, unusual circumstances.

Some examples of extreme, unusual circumstances:

- Abusive family environment (physical, mental, sexual abuse, or other forms of domestic violence)
- Abandonment by Parents (usually in cases of one or more years)
- Incarceration or institutionalization (mental and/or physical illness) of both parents
- Parents whereabouts unknown or parents cannot be located
- An unsuitable household (child removed from household and placed in foster care)

Please note that the federal guidelines regarding dependency overrides clearly indicate that the following situations *DO NOT* qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming students as dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Student does not live with their parent(s)

All submitted documentation will be reviewed by a Financial Aid Administrator to determine if the student will be granted a dependency override. An official notification of the decision will be sent to the student and the financial aid office will make necessary corrections to the student's FAFSA on behalf of the student. All documentation will be maintained in the student's Financial Aid file.

A dependency override is granted on a yearly basis. If a student is granted an override in the previous academic year, the student must reapply each year.

Please submit all documents as soon as possible to the Financial Aid office to avoid processing delays. If you have any further questions, please reach out to the Office of Financial Aid immediately.

**A reminder that all documentation must contain original signatures. Submission of this Dependency Override Request does not guarantee approval of status change**

# 2026-2027 Dependency Override Request Form

## SECTION A: STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street / Apartment) City/State/Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please note that federal guidelines regarding dependency overrides clearly indicate that the following situations do not qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming students as dependent for income tax purposes
- Student claiming total self-sufficiency
- Student choosing to not live with their parent(s)

## **SECTION 1: CURRENT STUDENTS ONLY (Please check all that that apply)**

\_\_\_\_\_ 1. I was granted independent status for the 2025-2026 academic year at St. Joseph's College of Nursing and my documentation is on file with the Financial Aid Office.

\_\_\_\_\_ 2. My living situation **has not** changed from the previous award year and I am again requesting independent status for the 2026-2027 academic year.

## **SECTION 2: NEW TRANSFER/FIRST TIME APPLICANTS ONLY (Please check all that that apply)**

\_\_\_\_\_ **1. Transfer Students:** I was granted independent status for the 2025-2026 academic year at another university/college. **If you were granted a dependency override at another university/college, you must submit a new Dependency Override Request form and supporting documentation as we do not accept other institutions decisions. Receiving independent status at another institution does not guarantee an approval at St. Joseph's College of Nursing.**

\_\_\_\_\_ **2. All New Transfer/First Time Applicants:** I am requesting a Dependency Override and for St. Joseph's College of Nursing to view me as an Independent student for Federal Aid purposes based on information I am providing. I agree to submit all supporting documentation pertaining to my specific situation. If at any point my situation changes, I agree to contact the Financial Aid Office immediately, in writing. I also understand that by submitting this application, that approval is not guaranteed and, if approved, I will need to resubmit an application every academic year.

STUDENT NAME:

**SECTION 3: NEW TRANSFER/FIRST TIME APPLICANTS ONLY (REQUIRED)**

1. **Please provide a typed or written statement explaining why you are requesting to be independent for financial aid purposes. This typed or written statement must contain the following:**
  - a. Please include all relevant details including names, dates, incidents, places, etc.
  - b. Please explain your current living situation and your living situation for the past year. Include where and with whom you are currently residing, how you are being supported, and the relationship of whom you are living with
  - c. Please clarify the whereabouts of your biological parent(s) and their current living arrangements. Include any contact you had with your parent(s) and the frequency of contact you had with them over the past year.
  - d. Clearly explain how you have been supporting yourself.
  - e. Please make sure you include your name, Student ID # and an original signature. Electronic signatures and/or DocuSign will not be accepted.
  
2. **Please submit two (2) signed statements confirming the specifics as described by you in your written statement. One (1) statement must be from a disinterested, professional, third party, on official company letterhead and one (1) signed statement must be from a relative, friend or family member. Both statements must include contact information.**
  - a. Examples of a disinterested professional, third parties include; but are not limited to: employer, clergy, social worker, attorney, teacher, counselor, psychologist, etc.
  - b. These statements must be typed or in writing, on appropriate letter heading including all contact information (name, address, phone number, email, company name, etc.) and must contain an original signature (we will not accept forms that contain e-signatures, e-pen or DocuSign).
  
3. **Submit all documentation to support your request for a dependency override, such as, but not limited to:**
  - a. Death Certificates, Newspaper Obituary, Polices Reports, Orders of Protection, Dissolution of Marriage (Court Documentation (Divorce decree), etc.

**SECTION 4: CERTIFICATION (REQUIRED)**

**Please Read Carefully:** *By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by St. Joseph's College of Nursing. If I have any questions or concerns, I will contact St. Joseph's College of Nursing's Financial Aid Office immediately.*

Student Signature: (original): \_\_\_\_\_ (required)

Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

MAKE SURE YOU SUBMIT AS MUCH DOCUMENTATION AS POSSIBLE TO SUPPORT YOUR CLAIM. PLEASE SUBMIT ALL ITEMS TOGETHER (APPLICATION, SUPPORT DOCUMENTATION, LETTERS, ETC). INCOMPLETE APPLICATIONS WILL BE DENIED.

Office of Financial Aid			
Director:	Date:	Approved	Denied