EASTERN MICHIGAN UNIVERSITY
Education First

Dependency Override Renewal 2009-2010

Office of Financial Aid

DSO

Student ID_____ **Name** _____

You should submit this form if you have had a Dependency Override approved by Eastern Michigan University for a previous school year.

In the space provided below please summarize the circumstances that led to your unintentional, involuntary, and uncontrollable break in the relationship between you and your parents. At this time you are not required to submit any documentation supporting these circumstances. The Review Committee will review your previous Dependency Override documents in reference to the signed statement below and notify you if your appeal has been approved or denied through your EMU E-Mail account.

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By signing this statement you are attesting that the circumstances and documentation that led to your previous Dependency Override approval have not changed. If necessary, you agree to provide further proof of this information.

Signature_____ **Date**_____

_____**@EMICH.EDU** (Your response will be sent here)
EMU Email Address