

2019-2020 Dependency Student Override (DSO) Request

Student ID _____ Legal Name _____

******This signed form must be submitted with all required documentation******

Special provisions in the federal regulations allow Financial Aid administrators to make exceptions to the dependency regulations under certain conditions. These conditions may include but are not limited to:

- Abuse – physical or mental circumstances where police, Family Independence Agency (FIA) or court involvement is on record.
- Alcohol or drug abuse by parents where police, FIA or court involvement is on record.
- Abandonment by parents.

Examples of circumstances that would **not qualify** a student to be approved for independent status are:

- Parent/student disagreements
- Parents' refusal to financially assist the student
- Student earnings
- Parents' inability to financially assist the student
- Parents move out of the state

If one of the circumstances below applies to you, please check the category and submit the required documentation with this signed form to the Office of Financial Aid Review Committee. The Review Committee will notify you if your appeal has been approved or denied through your EMU email account.

Your custodial parent has died and the other natural parent is still living. You, however, have not had contact with or received any financial support from the living parent for a significant period of time.

Your family situation is unsound. The dysfunction may result from physical abuse, emotional abuse, drug or alcohol abuse. As a result of the abuse, a professional counselor has counseled you to live apart from your parent(s).

Other unusual circumstances.

Required Documentation:

Appeals submitted without the required documentation will be denied.

A signed copy of your 2017 federal IRS tax transcript and all 2017 W-2 statements.

A detailed letter from you explaining the situation.

A copy of the death certificate of the deceased custodial parent (if applicable).

An official letter from a social worker, psychologist, doctor, minister, high school counselor, teacher or another counseling professional explaining the situation.

All information on this form is true and complete to the best of my knowledge.

Student Signature _____ Date _____