

**2014-2015 Dependency Student Override (DSO) Request**

Student ID: \_\_\_\_\_ 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 2013 federal IRS tax return and all 2013 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 of the information on this form is true and complete to the best of my knowledge.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_