



TEXAS WOMAN'S
UNIVERSITY™

2021-2022 REVIEW OF DEPENDENCY STATUS

Student's Name _____ **ID Number (7 digits)** _____

INSTRUCTIONS

If you have extenuating circumstances that you feel warrant a review of your dependency status, you may appeal to be considered independent for financial aid purposes. Extenuating circumstances typically involve documented cases of a breakdown in your family structure as a result of abuses, abandonment and/or neglect.

Federal guidelines do not consider the following as extenuating circumstances and will not permit the granting of independent status for these circumstances:

- Parents refusing to contribute to the student's education;
- Parents unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or verification forms;
- Parents not claiming the student as a dependent for income tax purposes;
- Student not residing with parents;
- Student demonstrating that they earn enough to support themselves; or
- Student previously granted independent status at another college or university or in a prior year without submitted documentation to TWU for approval.

Submit the following:

- This completed and signed form.
- A personal statement explaining your relationship with your biological mother and father.
- At least three (3) signed written statements from professional third parties attesting to your relationship with your biological mother and father. Professional third parties can include clergy, counselors, teachers, etc.

STUDENT CERTIFICATION AND SIGNATURE

I certify that the information provided on and/or with this form is true and complete to the best of my knowledge. I understand that a dependency override in future years is not automatic and I will be required to complete an override renewal if my relationship with my parent(s) has not changed. I agree to notify TWU Financial Aid if my relationship with my parent(s) changes. I am aware that purposely giving false or misleading information may result in fines, penalties and/or reduction or immediate repayment of financial aid I received.

Student Signature

Date

Note: This form must be signed with a physical signature. Typed names and electronic signatures are not acceptable.

ISO

