



**TEXAS WOMAN'S**  
UNIVERSITY™

**2023-2024 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.

**Answer the following:**

Did you file a 2021 Federal Income Tax Return? \_\_\_ Yes \_\_\_ No

If you filed, did you also submit a Schedule 1 with your return? \_\_\_ Yes \_\_\_ No

**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.*

**Texas Woman's University Financial Aid Office**

**Website:** <https://www.twu.edu/finaid>

**Mail:** P.O. Box 425408 Denton, TX 76204-5408 **Phone:** (940) 898-3064 **Fax:** (940) 898-3068 **Email:** [finaid@twu.edu](mailto:finaid@twu.edu)