

2016-2017 Request For Independent Status

351 W. University Blvd • Cedar City, UT 84720 • (435) 586-7735 (Office) • (435) 586-7736 (fax) • http://www.suu.edu/financialaid

| Please print clear | У | | |
|---|--|---|---|
| T Number | | Phone Number | |
| Student's Name | | Email Address | |
| The following 1) Parents rows 2) Parents and 3) Parents d | m to request a review of extenuating circumstances ng examples do not warrant a dependency overrefuse to contribute to the student's education re unwilling to provide information on the FAFSA co not claim the student as a dependent for income ta emonstrates total self-sufficiency | ide: or for verification | dent status. |
| Independed RENEWAL If you we circumstate Aid & Scinario A. NOTE: Depender NEW REQ Although that force reevaluating make a find document A. | rect whether you are submitting a Request for Indient Status. Follow the instructions listed for either REQUEST FOR INDEPENDENT STATUS are granted a dependency override by SUU in the 20th notes persist and that an override is still justified. Plantolarships Office. Updated letter detailing the special circumstance the Updated letter from a professional (teacher, counse that can reaffirm that the unusual circumstances structured will be granted. WEST FOR INDEPENDENT STATUS: there may be other cases that qualify, typically special on of their dependency status must provide the followal determination. Requests turned in without the relation. Letter detailing the special circumstances that mak Two statements from professionals (teacher, counse outlining and verifying the special circumstances. and should be on letterhead. | er applicable situation: 15-16 year, you need to ease submit the following that makes you independed elor, clergy, social work ill persist. It is a circumstances have the dent. Students who feel owing information to allow the you independent from selor, clergy, social works are you independent from selor, clergy, social works. | reaffirm that the unusual and document (s) to the SUU Financial ent from your parents. er) familiar with the situation, and Aid Office before the 2016-2017 to do with difficult situations at home their circumstances warrant ow the financial aid administrator to be denied due to insufficient a parents. ker) familiar with the situation, further |
| В. | Attach a signed copy of your 2015 federal income Attach a completed Independent Verification Work CATION STATEMENT Your signature on this details of the control of the con | ksheet. ocument confirms your | acknowledgement of the following: |
| > > > > | The information submitted for review is true and correct to the You have read each section and have provided the required doc Providing false information may result in reduced eligibility, readditional documentation may be required upon request. There is approximately a four week processing time for the required upon request. | cumentation. epayment of aid, or both | WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. |
| Student Signature: Date: | | | |

RRAAREQ Code: DEPOVR