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Description automatically generatedOffice of Financial Aid  
101 Braddock Road   
Frostburg, MD 21532  
 Phone: 301-687-4301  
Fax: 301-687-7074  
fsufinaid@frostburg.edu

**REQUEST FOR DEPENDENCY OVERRIDE**

Academic Year 2024-2025

When you apply for federal student aid, your answers to certain questions on the Free Application for Federal Student Aid (FAFSA) determine whether you are classified as dependent on your parents or independent. Most traditional age college students are dependent and must report parental income. However, we realize there are cases where special/unusual circumstances make a student independent. If you think you have a special/unusual situation that warrants a dependency override, you must provide proof of your situation. For the FSU Financial Aid Office to make this determination, you must supply the information requested below. The information listed under “Documentation Required” along with this completed form must be submitted together to the FSU Financial Aid Office. Determinations will take place only after all the needed documentation is received. If a Financial Aid Officer determines your circumstances warrant a change to your dependency status, a professional adjustment will be made to the corresponding FAFSA. Keep in mind this decision is based on the Financial Aid Officer’s judgment and is final. You cannot appeal it to the U.S. Department of Education. If you are a student that has been selected for FAFSA verification, that process must be completed prior to any override or special/unusual conditions considerations.

You will normally receive a response to your request within 10-14 business days. This response time may increase during peak periods (May-August).

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Student Name (Please Print) FSU ID

Address City State Zip

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone Work Phone (if applicable)

**Award Period for which you are requesting consideration:**

**\_\_\_\_** Academic Year 2024-2025 **\_\_\_\_** Fall 2024 **\_\_\_\_** Spring 2025

DOCUMENTATION REQUIRED:

1. Signed letter from you describing your situation in detail including information about living arrangements. **(Always required)**
2. Signed letters (with telephone numbers) from at least three others who have specific information about your situation, including information about your living arrangements. At least one of these letters must come from a professional familiar with your situation, such as a high school guidance counselor, college advisor, doctor, or clergy member. Other individuals who may provide supplemental letters include family members, or other individuals from your hometown who know specific information about your situation. (In most cases, a statement supplied by a current FSU student on your behalf will not be considered 1 of the 3 required supporting sources). **(Always required)**
3. Other documentation that may support your claim to independence. Examples of other acceptable documentation may include court documents, police reports, or letters or documents from other agencies such as the Department of Social Services. Depending on your situation, this type of information may be required to support your case for a dependency override. In such cases, an override will not be granted until this documentation is provided to our office.
4. Signed federal IRS forms from you for calendar year 2022 (if applicable).

Mandatory Reporting of Child Abuse

Please be aware that, according to Maryland law, educators are required to report current and past child abuse and neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in any submitted paperwork or to any financial aid staff personally, we are required by law to report it. Please contact the office if you want more information about this law.

CERTIFICATION:

My signature certifies that the information I have attached to this form is accurate and correct to the best of my knowledge. My signature also gives the Office of Financial Aid permission to contact any of the people referred to in my documentation. If I have purposely given false or misleading information, I understand that I will have to repay any aid received incorrectly. In addition, I may be referred to the Secretary of Education and may be fined $10,000 and/or sent to prison.

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Student Signature Date

***(FSU FINANCIAL AID OFFICE USE ONLY)***

DEPENDENCY OVERIDE APPROVED/DENIED DUE TO: