Professional Judgment Review Committee
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677-1848

Dependency Override Request
2016-17

To be completed by student (please print):

STUDENT LAST NAME ___________________________ STUDENT FIRST NAME ___________________________ STUDENT MIDDLE NAME ___________________________

OLE MISS STUDENT NUMBER ___________________________ LOCAL TELEPHONE NUMBER ___________________________ OLE MISS EMAIL ADDRESS @go.olemiss.edu

___ Undergraduate/Pharmacy (EE 1-3/PY1)

Admission status (please check one): ___ entering freshman ___ continuing UM student ___ new transfer

Eligibility for federal student aid is based on the assumption that you and your legal parents (biological or adoptive) are primarily responsible for educational costs. If the directions on your Free Application for Federal Student Aid (FAFSA) instruct you to provide parent information, then by law you are considered dependent for federal aid purposes. However, for students with unusual circumstances, the Office of Financial Aid may be able to assist students who are technically dependent but who do not or cannot have contact with either parent.

Please note that the conditions below, singly or in combination, do not qualify as unusual circumstances meriting a dependency override:

1) Parents refuse to contribute to the student’s education
2) Parents are unwilling to provide information on the student’s FAFSA (or for verification)
3) Parents do not claim student as dependent for tax-filing purposes
4) Student demonstrates total self-sufficiency

However, some unusual circumstances which qualify as considerations for a dependency override may include, but are not limited to:

1) Parental abandonment of the student
2) Abusive family environment which threatens the student’s physical/emotional health or safety
3) Student’s inability to locate parents for a long-term and on-going basis

In order to complete the dependency override review process, you must complete this form and attach supporting documentation from two adults who know and can document the reason(s) for the unusual circumstances that cause estrangement or inability of contact between you and your parent(s). At least one statement must be from a professional person of authority (e.g., teacher, counselor, medical professional or authority, member of the clergy, prison administrator, government agency, or court).

Requests for a dependency override are considered on a case-by-case basis each academic year and will require, if deemed necessary, the submission of new or updated documentation each year a dependency override request is submitted.

FOR INTERNAL USE ONLY

FAFSA corrections submitted on Transaction # _____ EFC _____ Date: ____/____/____ Initials:___
FAFSA corrections confirmed on Transaction # _____ EFC _____ Date: ____/____/____ Initials:___
Please provide information about your legal parents (biological or adoptive) below:

**PARENT 1** Name: ________________________________________________________________

Address: _________________________________________________________________________

Phone# ___________________________________________________________________________

When was the last time you lived with this parent? ________________________________

When was the last time you had any contact with this parent? ________________________

When did this parent last provide any type of support for you? ________________________

**PARENT 2** Name: ________________________________________________________________

Address: _________________________________________________________________________

Phone #: _________________________________________________________________________

When was the last time you lived with your this parent? ______________________________

When was the last time you had any contact with this parent? ________________________

When did this parent last provide any type of support for you? ________________________

*What is your present living situation?* When did you make these arrangements?

_______________________________________________________________________________

_______________________________________________________________________________

**How do you support yourself** (pay rent, buy food, gas, etc.)?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Why are you unable to contact either parent? Attach a separate sheet if necessary.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Additional Documentation Required: Attach written statements, signed and dated, from two adults confirming and documenting the reasons for your unusual circumstances that cause estrangement or inability of contact between you and your parents. At least one statement must be from a professional person of authority (e.g., teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court, etc.) and should be signed and on letterhead (or include a business card attached or provide contact information for the individual writing the statement), or be notarized. Copies of appropriate court documents may be acceptable in lieu of these statements.

By signing below, I understand that the request for a Dependency Override is an annual review process, and the decision regarding my independent status will only apply to the current academic year. I further understand that if I return to live with either parent, or if I receive any kind of support from either parent, I must and will report this to the Financial Aid Office immediately.

I certify that the information provided is true and correct. I agree to provide additional information or documentation if requested. I also understand that the Office of Financial Aid reserves the right to follow up with the individuals providing personal statements as deemed necessary.

Student Signature:__________________________________________ Date:__________________

Requests are processed as quickly as possible, but may take several weeks during peak periods (June through September).