Request for Independent Student Status
Dependency Override Petition
2014-15

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 ____________________________

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

Eligibility for federal student aid is based on the assumption that you and your parents are primarily responsible for educational costs. If the directions on your financial aid application (FAFSA) instruct you to provide parent information, then by law you are 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

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 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 responsible 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 (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 petition is submitted.
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, signed statements from two responsible adults confirming and documenting the reasons for your unusual circumstances that cause estrangement or inability of contact between you and your parents that you are estranged from your parents. At least one statement must be from a professional person (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.

I understand that the request for a Dependency Override is an annual review process, and the decision regarding 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 report this to the Financial Aid Office immediately.

By signing below, I certify that the information provided is true and correct.

Student signature_________________________________________ Date_________________