

Rec'd by: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

The University of Mississippi

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

Telephone: (800) 891-4596
Fax: (662) 915-1164
Email: finaid@olemiss.edu

Dependency Override Request 2018-19

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

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).

PLEASE NOTE: 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 **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 also 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 further understand that purposely giving false or misleading information during this professional judgment review, falsifying documents, or forging signatures on any documentation will immediately negate the review process and will require the Office of Financial Aid to report this to the Office of Inspector General of the Department of Education, and may possibly require reporting to the University of Mississippi's University Judicial Council (Office of Conflict Resolution and Student Conduct) for possible judicial sanctions.

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 October).