2015-2016 Dependency Override Appeal

This form allows you to request special consideration of your dependency status for financial aid purposes for 2015-2016. Although you do not meet the federal requirements to be considered an independent student, you believe your particular family circumstances warrant further evaluation.

If there is an unintentional, involuntary and uncontrollable break in the relationship between parents and student, Northern Michigan University may be able to consider you independent for financial aid purposes. To make that determination we will need a detailed written explanation and supporting documentation.

If one of the circumstances on the second page of this form applies to you, please check the category, attach required documentation, and submit these documents to:

Northern Michigan University
Financial Aid Office
1401 Presque Isle Avenue
Marquette, MI 49855

The Dependency Override Committee will review your appeal based on the documentation submitted and notify you of the results. Please be aware that providing self-sufficiency and living on your own are not adequate reasons for changing the dependency status and cannot be considered as an appealable circumstance.

If your parents will not provide financial and non-cash support for you, and refuse to complete the FAFSA, you may be eligible to receive federal direct unsubsidized loans only. You will need to request the unsubsidized loans by completing separate, required forms. Please contact our office if this situation applies to you.

Note: Do not submit your FAFSA online. A paper FAFSA may be downloaded and printed from http://www.fafsa.ed.gov/options.htm. Submit your paper FAFSA directly to the Financial Aid Office for processing with your completed appeal. If you have already electronically submitted your FAFSA, do not complete another form. Our office will make the necessary corrections if your request to be considered independent is approved.

You are automatically considered to be independent and do not need to submit this form if any of the following apply when you complete the 2015-2016 Free Application for Federal Student Aid:

- You were born before January 1, 1992.
- You are married or separated (but not divorced).
- You have any children who receive more than half of their support from you.
- You have dependents (other than children or spouse) that live with you and receive more than half of their support from you and will continue to receive that support during the 2015-2016 school year.
- You are a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training.
- You will be enrolled in a master’s degree graduate program in 2015-2016.
- At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
- Are you or were you an emancipated minor as determined by a court in your state of legal residence?
- Are you or were you in legal guardianship as determined by a court in your state of legal residence?
- At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2014, did the director on any emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2014, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk for being homeless?
Review the situations listed below and check the one that best describes your situation. Sign the form and submit it along with the required documentation. Completing this form and providing the documentation requested does not guarantee that a change will be made.

☐ There has been a breakdown in my family structure due to physical abuse, emotional abuse, substance abuse and/or abandonment or neglect.

**Supporting documentation:**
1) Letter from you fully explaining your situation, and
2) Court documents, or
3) Letter (on official letterhead) explaining the situation in detail from a minister, social worker, psychologist, high school counselor, teacher, doctor, social agency or other counseling professional, or
4) Police reports, and
5) Completed and signed paper FAFSA, if not already electronically submitted

☐ My custodial parent has died and my other parent is still living. However, I have had no contact with my living parent (including financial support) for a significant period of time.

**Supporting documentation:**
1) Letter from you fully explaining your situation, and
2) A copy of the death certificate for the deceased custodial parent, and
3) Documentation of the custodial relationship (i.e., a court document, a copy of the divorce decree, or other evidence) that the deceased was the custodial parent, and
4) Letter (on official letterhead) from a minister, social worker, psychologist, high school counselor, teacher, doctor, social agency or other counseling professional, which supports the claim of not having lived with nor received financial support from the non-custodial parent
5) Completed and signed paper FAFSA, if not already electronically submitted

☐ My situation does not fit those listed above.

**Supporting documentation:**
1) Letter from you fully explaining your situation and why you are requesting a change from dependent to independent and
2) Documentation which will give an accurate view of your past history and situation that supports your explanation and request for an override and
3) Completed and signed paper FAFSA, if not already electronically submitted

*Please print legibly in blue or black ink.*

Name (please print)________________________________________ NMU IN:______________________________

Street Address:______________________________________________________________________________

City, State & ZIP:____________________________________________________________________________

Home Telephone Number:_______________________________________________________________________

Cell Phone Number:____________________________________________________________________________

E-mail:_______________________________________________________________________________________

I certify that all of the above information on this form and accompanying documents are complete and correct.

Student Signature________________________________________ Date________________________