

Office of Student Financial Aid

T.H. Harris Annex Building 139A P.O. Box 9961 Baton Rouge, Louisiana 7081-9961 (225) 771-2790 fax: (225) 771-5898 Dependency Status Appeal Form 2016-2017

DPOVR

www.subr.edu

Name(Print: Last, First, Middle)		SSN or SID			
Street Address		City/State/Zip			
Home phone	Work phor	ne Email			
	nsidered independent, you	your student status for financial aid purposes for 2016-2017. Although you do not believe your particular family circumstances warrant further evaluation. Meeting at ew.			
Steps in the appeal process:					
 Meet with your assigned c the following: Completed Depende Completed FAFSA (Your assigned counselor w 	ounselor during advising ncy Status Appeal Form a (if this is your first 2016-2 vill evaluate your appeal an iteria in at least one of th	Student Aid (FAFSA) and complete the student but not parent items. Do not mail. hours (Monday through Thursday, 9:30 to 11:30 am and 1:30 to 3:30 pm) and bring nd appropriate required documentation attached to this form; 017 form) or your latest Student Aid Report (SAR). In documentation and, if approved, will authorize the changes electronically. The e categories, you will be evaluated as a dependent student, and your parents must ing the FAFSA.			
Category (check one)		Documentation Required			
Estrangement - first appea	f	Statement describing your family history along with two statements (on letterhead) from third parties, such as clergy, educator, physician, social worker, police report, etc., who know and are willing to substantiate in writing the nature of your circumstances.			
Estrangement – prior SU approval to apply as an independent on basis of estrangement		Statement explaining that extraordinary circumstances have continued.			
☐ Legally emancipated	I	Proof of court documentation.			
Previously had legal guard	l	Proof of court appointed guardianship and a written statement of your family nistory. If not a court appointed guardianship, provide the documentation requested for <i>Estrangement-first appeal</i> above.			
Previously married and no widowed		Statement explaining why you believe you should be considered independent and a copy of the divorce decree or death certificate.			

Certification Statement: Student Signature Required							
I certify that this information is true and complete. If I cannot provide the appropriate, required documentation to support an independent status, I understand that I will be evaluated as a dependent student with my parents providing income and asset information when completing the FAFSA. I also understand that if I choose to leave the documents without seeing a financial aid advisor during advising hours, I could experience a delay.							
Student Signature	Date						

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WARNING: If you purposely give false or misleading information on the worksheet, you may be fined, be sentenced to jail, or both.

SFA USE ONLY – Do Not Write In Spaces Below

ı.	Advisor worksneet						
	2015 txst	Fro	m FAFSA/SAR, veri	iy:			
	2015 txpt: ☐ Mother ☐ Father		HHS				
	Lease or Rental agreement		Number in College		-		
	Divorce decree death certificate		2015 AGI & taxes p	aid: Pa	arent		
	Statement explaining independency request			Stı	udent		
	Family history letters from: ☐ Student ☐ 3 rd party #1		3 rd party #2				
Eva	aluated and □ approved □ denied byAdvisor's Sign	ature		on _	Date		
	Approved Denied by	ignat	ure	on _	Date		
II.	DPOVR pending receipt of the following:						
□ 2015 tax transcript of: □ Student □ Mother □ Father							
☐ Statement explaining independency request							
☐ Lease or Rental Agreement							
Co	mments:						
	Family history letters from: ☐ Student ☐ 3 rd party #1 Requested documentation received on ☐// &			/	·/		
	aluated and Recommended for □ Approval □ Denial by _						

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