

**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

www.subr.edu

Dependency Status Appeal Form 2017-2018

DPOVR

Name _____ SSN or SID _____
(Print: Last, First, Middle)

Street Address _____ City/State/Zip _____

Home phone _____ Work phone _____ Email _____

This form allows you to request special consideration of your student status for financial aid purposes for 2017-2018. Although you do not meet the requirements to be considered independent, you believe your particular family circumstances warrant further evaluation. Meeting at least one of the categories is the minimum to request review.

Steps in the appeal process:

- Obtain the 2017-2018 Free Application for Federal Student Aid (FAFSA) and complete the student but not parent items. Do not mail.
- Meet with your assigned counselor during advising hours (Monday through Thursday, 9:30 to 11:30 am and 1:30 to 3:30 pm) and bring the following:
 - Completed Dependency Status Appeal Form and appropriate required documentation attached to this form;
 - Completed FAFSA (if this is your first 2017-2018 form) or your latest Student Aid Report (SAR).
- Your assigned counselor will evaluate your appeal and documentation and, if approved, will authorize the changes electronically.
- If you do not meet the criteria in at least one of the categories, you will be evaluated as a dependent student, and your parents must provide income and asset information when completing the FAFSA.

Category (check one)	Documentation Required
<input type="checkbox"/> Estrangement - first appeal	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.
<input type="checkbox"/> Estrangement – prior SU approval to apply as an independent on basis of estrangement	Statement explaining that extraordinary circumstances have continued.
<input type="checkbox"/> Legally emancipated	Proof of court documentation.
<input type="checkbox"/> Previously had legal guardian	Proof of court appointed guardianship and a written statement of your family history. If not a court appointed guardianship, provide the documentation requested for <i>Estrangement-first appeal</i> above.
<input type="checkbox"/> Previously married and now divorced or 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 _____

over →

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

I. Advisor Worksheet

<input type="checkbox"/> 2015 txst	From FAFSA/SAR, verify:
<input type="checkbox"/> 2015 txpt: <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> HHS _____
<input type="checkbox"/> Lease or Rental agreement	<input type="checkbox"/> Number in College _____
<input type="checkbox"/> Divorce decree <input type="checkbox"/> death certificate	<input type="checkbox"/> 2015 AGI & taxes paid: Parent _____
<input type="checkbox"/> Statement explaining independency request	Student _____
<input type="checkbox"/> Family history letters from: <input type="checkbox"/> Student <input type="checkbox"/> 3 rd party #1 <input type="checkbox"/> 3 rd party #2	
Evaluated and <input type="checkbox"/> approved <input type="checkbox"/> denied by _____ on _____	
Advisor's Signature Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied by _____ on _____	
Director's Signature Date	

Comments:

II. DPOVR pending receipt of the following:

<input type="checkbox"/> 2015 tax transcript of: <input type="checkbox"/> Student <input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> Statement explaining independency request
<input type="checkbox"/> Lease or Rental Agreement

Comments: _____

<input type="checkbox"/> Family history letters from: <input type="checkbox"/> Student <input type="checkbox"/> 3 rd party #1 <input type="checkbox"/> 3 rd party #2
<input type="checkbox"/> Requested documentation received on <input type="checkbox"/> ____/____/____ & <input type="checkbox"/> ____/____/____ & <input type="checkbox"/> ____/____/____

Evaluated and Recommended for <input type="checkbox"/> Approval <input type="checkbox"/> Denial by _____ on _____
Advisor's Signature Date

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