



Office of Enrollment Management

2026-2027 PETITION FOR INDEPENDENT STUDENT STATUS

Name: _____

Student ID: _____

According to federal regulations, a financial aid administrator has the ability to evaluate a student's dependency status on a case by case basis. If you cannot provide your parent information due to an unusual circumstance, you may petition to determine if your situation merits a dependency override. The following information must be completed and all requested documentation must be attached.

1. Attached a signed and dated statement explaining in detail the circumstances and history behind your situation. The letter must also address the following items;
 - a. Location of both parents.
 - b. Describe the last time you had contact with each of your parents-when, where, and the nature of contact.
 - c. Explain why you cannot obtain parental information.
 - d. Describe any support you've received from your parent(s), such as tuition, insurance, cash support, etc.
 - e. Describe how you have been self-supporting.
 - i. When did you begin meeting your expenses without parental support?
 - ii. How have you provided for yourself?
 - f. Where have you lived the past two years?
 - i. Attach copies of rent receipts and utility bills.
2. Provide a signed and dated letter from a family friend or relative who is aware of your situation and can corroborate the facts you present. The letter must indicate his or her knowledge of the situation by giving specific details, and it must list his or her name, address, phone number, and relationship to you.
3. Provide a signed and dated letter from a professional, such as a counselor, therapist, minister, social worker, etc. who is aware of your situation and can corroborate the facts you present. The letter must indicate his or her knowledge of the situation by giving specific details, and it must list his or her name, address, job title, phone number, and relationship to you.
4. Attach any supporting documentation, such as court papers filed, copies of police reports, etc...

By signing this statement, I certify that all information on this form is complete and correct. I also understand that the financial aid staff reserves the right to request any additional documentation deemed necessary and understand that if all documentation requested is not submitted, the student's dependency status will not be reviewed. ***If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Review Committee Action Approved Denied Pending

SAO Signature: _____ Date: _____