DEPENDENCY OVERRIDE REQUEST FORM

The basic premise for all need-based financial aid programs is that the primary responsibility for financing a student’s postsecondary education rests with the student and his/her family. Student financial aid is intended to meet those educational costs which remain after the student's resources and an expected contribution from parent(s) have been taken into account.

Extemating circumstances sometimes prohibit the financial assistance from a student's parent(s). Please explain why your parent(s) are unable/unwilling to assist you with your college education. If you need more space, attach a separate page to this form. A written statement of your extenating circumstances is required from an outside source, who has first hand knowledge of the situation.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Please identify all sources and amounts of your monthly income:

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<thead>
<tr>
<th>Income Source</th>
<th>Income Amount</th>
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Please identify all monthly living expenses:

Rent          Transportation
Utilities     Other (specify)
Food          ______________

I hereby swear or affirm that all information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Additional information and documentation may be required.

Student Signature ___________________________ Date ______________

(for office use only)

Independent override: Approved _____________ Denied _____________ Received by _______________

Authorized Signature ___________________________ Date ______________