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.

Extenuating 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 extenuating circumstances is required from an outside source.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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 _____________________