Dependency Override Appeal Form Metropolitan Aid Year: State University FINANCIAL AID OFFICE 1.) Student Information Name: Student ID: Address: State/Zip Code Telephone: ____ E-Mail Address: @my.metrostate.edu The U.S Department of Education permits financial aid administrators using their professional judgement, to override a student's dependency status. Overrides may be granted only in extreme cases where a student provides documented evidence of a complete and total break-down of the parent-child relationship. These cases are mostly common situations where it would be an undue hardship to require that the student contact the parent for income information, such as cases of abuse, parental abandonment, etc. A student's self-support is not a sufficient reason for a dependency override, nor is a parent's refusal to supply required documents. 2.) Dependency Override Requirements Checklist: Attach a statement which fully explains your reasons for requesting a dependency override. Attach documentation to support your appeal. Please provide at least one supporting document from a third-party (social worker, pastor, friend, etc.) who can attest to your situation. Insufficient documentation and/or incomplete forms will be returned to you and will delay processing. If this appeal is denied, your Free Application for Federal Student Aid (FAFSA) for the current academic year will require that you complete the parent information section. I am requesting an adjustment to the information upon which my financial aid application is based. I understand that it is a violation of both Federal and State laws, as well as the University's Code of Conduct, to purposefully provide false or misleading information to agents of the university in connection with my application for financial aid. Signature: Date:__

Please return this appeal, statement and documentation to:

Attn: Financial Aid Office Metropolitan State University 700 East Seventh Street Saint Paul, MN 55106-5000 Phone: 651-793-1300

Fax: 651-793-1532