

2022-2023

Check Sheet for Students Requesting Dependency Override

Name _____ Banner ID _____
Address _____ Email _____

Student Written Statement _____ Yes _____ No
Two letters of reference/Court Documentation _____ Yes _____ No
Student's taxes _____ Yes _____ No

Recommendations for Financial Aid Professional Judgment: Yes or No (please explain)

Counselor ___ Yes ___ No Date: _____ Signature: _____

Counselor ___ Yes ___ No Date: _____ Signature: _____

Counselor ___ Yes ___ No Date: _____ Signature: _____

*****Final Approval*****

Director of Financial Aid or Associate Director of Financial Aid

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Approve: _____ Approve w/condition: _____ Disapprove: _____

Date: _____