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2009-2010 DEPENDENCY OVERRIDE APPEAL UC SANTA BARBARA FINANCIAL AID OFFICE

A. Student Information

Perm Number _____

Social Security Number _____

E-mail Address _____

Phone Number (Include area code) _____

Last Name (Print) _____ First Name _____ M.I. _____

Address (Include apartment number) _____

City _____ State _____ Zip Code _____

This form is for dependent students who do not meet the federal criteria for "independent" status but wish to have their unique circumstances reviewed in order to be considered an independent student for financial aid purposes. Students who are estranged from their parents due to extreme circumstances (e.g., child abuse, abandonment, family alcoholism or drug abuse, etc.) which can be documented by an objective third party (e.g., pastor, high school or college counselor, a social service agency official, etc.) may qualify for this professional judgment treatment.

Complete and submit this form along with the required documentation to the Financial Aid Office. After this request and your documentation are reviewed, we will notify you in writing with our decision. Please Note: The information you provide will be confidential.

B. Required Documentation

Attached

- **A letter explaining the reason for your request that:**
 - Details the circumstances under which you are appealing to be considered an independent student (provide as much information as possible)
- **A signed statement from an objective third party** (e.g., pastor, high school or college counselor, a social service agency official, etc.) who can:
 - Verify your letter and was aware* of the circumstances when they occurred
 - ***Note:** A person who can only verify that you told him/her about your circumstances does not meet this criterion

C. FAFSA

Have you already submitted a 2009-2010 Free Application for Federal Student Aid (FAFSA)?

- Yes: Submit this form with the required documentation outlined above.
- No: Complete a 2009-2010 FAFSA at www.fafsa.ed.gov. If you are unable to provide parental information, you may still submit your FAFSA. However, if you choose not to provide parental information, your application will remain incomplete until this appeal is approved. If this appeal is not approved, you will be required to update your FAFSA to include your parents' information.

D. Signature

My signature certifies that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested. I realize giving false information may result in a fine, prison sentence, or both. The Secretary of Education has the authority to verify information reported on this application.

Student Signature: _____ **Date:** _____