



## Special Circumstance Request Dependent Status Override Verification 2019-2020

Please fill out all applicable fields as any incomplete forms will be returned to you for completion.

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STUDENT ID: B00 \_\_\_\_\_

You have requested our office consider your FAFSA filing status as independent through the professional judgment provision of the program. An initial review of your case has been completed, however, in order to consider your request further please provide the following information.

As an independent student your total estimated institutional charges less your total estimated financial aid would be \$ \_\_\_\_\_ for the year, \$ \_\_\_\_\_ each semester. If your status changes to Independent, this will be the estimated amount you will need to pay out of pocket each semester. Please explain how you will pay the remaining balance each semester.

\_\_\_\_\_

\_\_\_\_\_

The Residence Hall will be closed over Christmas break, please provide your housing plans for the break. \_\_\_\_\_

Please enter for the period of August 2019 through May 2020. In the last column, give the name(s) and

Expense	One-Time or Average Monthly Cost	Who Pays/Provides? <small>(give the specific amount each person or persons pay if more than one person is paying the expense)</small>
Books and Supplies	\$	
Utilities (water, heat, gas, electricity, and phone)	\$	
Clothing	\$	
Transportation (includes maintenance, payment, insurance, gas, etc.)	\$	
Medical	\$	
<b>Total – to be completed by SFS</b>		

Please explain any expense that is zero: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date