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## 2023–2024 Dependency Override Form

STUDENT NAME: \_\_\_\_\_ IRSC STUDENT ID: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

You have indicated on your FAFSA®, you either meet a criteria listed below, or are

Student's Name: \_\_\_\_\_ IRSC ID: \_\_\_\_\_

**Potential Circumstances Continued:**

I have extenuating circumstances that are not listed above. Briefly explain your situation below. If your situation is determined to be extenuating (according to Federal guidelines), you will be **required** to provide additional documentation.

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**CERTIFICATION**

I understand that submission of a Dependency Override Form to the Financial Aid Office does not guarantee I will be declared an independent student and **no approval** will be considered **without documentation**. I understand this information must be review and approved by the Director of Financial Aid. By signing this application, I certify that the information on this form and contained within the supporting documentation is true, correct and complete to the best of my/our knowledge.

Student's Typed Name \_\_\_\_\_ Date \_\_\_\_\_  
(This will serve as your electronic signature)

**UPLOAD ALL DOCUMENTS TO YOUR MYPIONEER PORTAL (under the dependency documents link. If the link is unavailable, drop off to your nearest campus.**

**FOR OFFICE USE ONLY:**

Review Date _____	Review By _____	Approve	Deny	Cancel Request
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IRSC is an EA/EO educational institution.