Appeal for Dependency Override
2016–2017

STUDENT INFORMATION

Last Name                      First Name                      M.I.                      NJIT ID

Student’s Street Address (include apt. no.)

City                      State                      Zip Code                      Phone Number

DEPENDENCY STATUS

Free Application for Federal Student Aid (FAFSA) lists the criteria under which a student applies independently of parents for financial aid. Occasionally, extraordinary individual circumstances allow a student to file as an independent student. If you believe that you have extenuating circumstances that should be considered in making the dependency determination, you may request a Dependency Override. We will review your request and inform you of the decision.

Before you submit the request, please note that your parent’s refusal to provide information on the FAFSA or contribute to your education, whether they claimed you on the tax return or your total self-sufficiency, singly or in combination, do not qualify as unusual circumstances meriting a dependency override.

Please check the appropriate box(es) below and submit the documents (additional documents may be requested). Letters from student/third party must address all the questions listed below. Incomplete statements will cause delays.

☐ A Letter Explaining Your Circumstances: The signed and dated letter from you must provide detailed information and address the following: explanation of unusual circumstances; date these circumstances arose; whereabouts of your father and mother; are you in contact with your parents; when did you have your last contact with your parents; when did you last live with your parents; where did you live in 2015 and 2016; how do you support yourself; your total income for 2015

☐ Supporting Documents: Signed/dated statements from at least two (2) third party professionals who have detailed knowledge of your circumstances. Statements must be on official letterhead from a community member like teacher, counselor, medical professional, clergy etc. The statements must include the individual’s relationship to you, how long he/she has known about your circumstances and his/her understanding of your circumstances. Copies of appropriate court documents or agency letters (on agency letterhead) are also acceptable.

☐ Prior Year Dependency Override: If your dependency override request was approved last year, you must complete Appeal for Dependency Override form and submit a signed/dated statement describing your extenuating circumstances. You must also reaffirm that your extenuating circumstances still exist and have not changed from last year.

I agree to provide any other documentation necessary if requested. I also authorize the Financial Aid Appeals Committee to seek information from other NJIT offices when appropriate.

CERTIFICATION AND SIGNATURES

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct. If the student is a dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both. Computer generated signatures are not acceptable.

________________________________________                      ______________
Student Signature                      Date