



The Florida State University
 Office of Financial Aid
 Tallahassee FL 32306-2430
 (850) 644-0539
 www.fsu.edu

FLORIDA STATE UNIVERSITY 2009-2010 DEPENDENCY OVERRIDE APPLICATION

<u>STUDENT NAME</u>				
LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER	
BIRTHDATE				
STREET ADDRESS				
CITY	STATE	ZIP CODE	HOME TELEPHONE	

If you have extenuating circumstances which you believe warrant a re-evaluation of your dependency status for the 2009-2010 academic year, you may complete this Dependency Override Application Form. You must complete all sections of this form and attach any and all appropriate documentation. This office may request additional information or documents for the review process. ***This form is not for those students whose parent(s) will not or cannot financially contribute to their educational expenses.***

You must also attach the following documents to this form:

- ✓ a copy of the student's 2008 signed federal tax return
- ✓ a completed and signed 2009-2010 Free Application for Federal Student Aid (FAFSA), or Renewal FAFSA.

Please answer the following questions:

Where did you live in 2008? ___ on campus ___ off campus ___ with parent(s)
Where will you live in 2009? ___ on campus ___ off campus ___ with parent(s)

Did your parent(s)/step parent(s) claim you on their federal tax return in 2008? ___YES ___NO
Will your parent(s)/step parent(s) claim you on their federal tax return in 2009? ___YES ___NO

Did your parent(s)/step parent(s) provide your health insurance for 2008? ___YES ___NO
Will your parent(s)/step parent(s) provide your health insurance for 2009? ___YES ___NO

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