



*Florida State*  
 University  
 Office of Financial Aid

**DEPENDENCY OVERRIDE APPLICATION 2017-2018 (FADOAP)**

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Last Name	First Name	Middle Name	
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Street Address	City	State	Zip Code
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Active Telephone #	Date of Birth	9-Digit FSU EMPL ID	
_____			

The Office of Financial Aid is permitted to use “professional judgment” on a case-by-case basis to determine if a student meets the criteria to be considered independent. If you believe you have extenuating circumstances that may warrant a review of your dependency status for the current award year, you the student, are **REQUIRED** to provide documentation to support your request.

The documentation of circumstances should come from two (2) third parties who know the student’s situation but in cases where this is not available, the school can accept a signed, dated, and notarized statement from family and/or friends detailing the circumstances. The Free Application for Federal Student Aid (FAFSA) **MUST** be completed **BEFORE** this application is submitted to the Office of Financial Aid for review. This form is for **NEW** applicants only. Please complete the **RENEWAL** application if you have been previously approved.

Please check the box below of the third parties (**MUST HAVE TWO (2)** who are submitting documentation and attach **with** form:

- Teacher/Professor
- Guidance Counselor
- Social Worker
- Court/Public Agency
- Law Enforcement Officer
- Attorney
- Psychiatrist/Health Professional
- Clergy
- Family/Friend
- Other \_\_\_\_\_

Where did you live in 2015? \_\_\_\_\_ State    \_\_\_ On campus    \_\_\_ Off campus    \_\_\_ with parent(s)

Where will you live in 2016? \_\_\_\_\_ State    \_\_\_ On campus    \_\_\_ Off campus    \_\_\_ with parent(s)

Please describe and explain in great detail the EXTENUATING CIRCUMSTANCES that would merit the change to "Independent" status, including how you have been supporting yourself without parental support. Documentation that will substantiate your claim must be provided with this form.

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\*If statement is written on form, document may be stamped by a notary in the blank space below the date in the bottom right corner. If you have difficulty obtaining a notary signature, please see the financial aid office\*

**Circumstances that Do Not Warrant a Dependency Override**

- Parents refuse to contribute to educational costs
- Parents unwilling to provide information on FAFSA or for verification purposes
- Parents do not claim the student as a dependent for income tax purposes
- Parents income too high to qualify for need-based aid
- Student demonstrates total self-sufficiency

**CERTIFICATION:** I certify the submitted information is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation. I realize that if I **DO NOT** provide supporting documentation, **no further action will be taken on this request by the Office of Financial Aid.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Cancelled \_\_\_\_\_

Florida State University's Use of Social Security Number policy is available at  
[http://registrar.fsu.edu/bulletin/undergrad/info/university\\_notices.htm](http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm)

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