



THE
FLORIDA STATE
UNIVERSITY

DEPENDENCY OVERRIDE APPLICATION 2016-2017 (FADOAP)

| | | | |
|--------------------|---------------|---------------------|----------|
| _____ | | | |
| Last Name | First Name | Middle Name | |
| _____ | | | |
| Street Address | City | State | Zip Code |
| _____ | | | |
| 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)

