North Central University

Unusual Circumstances/Dependency Override Request Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Section 480(d) of the Higher Education Act (HEA), defines an independent student as someone who meets one of the eligible criteria reflected on the Free Application for Federal Student Aid (FAFSA) or is a student for whom a financial aid administrator makes a documented determination of independence.

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. **NONE** of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override. Students in the below categories **MUST** provide parental information on the FAFSA.

1. Parents refuse to contribute to the student’s education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purpose;
4. Parents do not approve of the student’s lifestyle;
5. Student does not approve of a parent’s household rules or restrictions;
6. Student demonstrates total self-sufficiency;
7. Parent gave custody of the student to a friend/relative to allow the student to move to another state/country, attend a better school, etc. And the student still has contact with the parent(s).

If you can document why you should be considered independent for some unusual reason other than those listed above, you may request a dependency override. Please circle reason for request:

1. Voluntary or involuntary removal from parents’ home due to an abusive situation that threatened the student's safety and/or health;
2. Incapacity of parents such as incarceration or a disability or mental or physical illness;
3. Inability of the student to locate the parent(s) after making reasonable efforts;
4. Other extenuating circumstances

Please note that the circumstance must be sufficiently documented. The student must take the following actions for the aid office to review the request:

1. Provide a personal statement, written by the student, detailing the unusual circumstance
2. Provide two letters, on letterhead, from third parties such as high school guidance counselors or other high school administrators, members of the clergy or psychologists/counselors detailing the unusual circumstance. These individuals must have **first hand, long-term knowledge** of the circumstances and their signed letters must confirm such circumstances.
3. Additional documentation may be provided to support the request such as a court order, police report, other legal documents or a letter written by a relative/guardian.

The student must complete the Free Application for Federal Student Aid (FAFSA). The financial aid office may request copies of any information used to complete it (such as income tax returns, W-2’s, and documentation of untaxed income). If the FAFSA has already been submitted, make sure North Central University’s school code (002369) is on it.

**Please complete this form, collect the required documents, and bring everything to the One Stop.**

The aid administrator will collect and review these documents. Subsequently, the request form and documentation will be reviewed by a committee for approval or denial. During some periods of the year, due to high volume of work, a decision may take up to 30 business days. This request will not be processed if supporting documentation is not attached. You will be notified via NCU email of the decision regarding your request.

By signing this statement, I certify that all information submitted is true and correct to the best of my knowledge. Misrepresentation of information may result in a requirement to repay federal and state aid I may receive.

Typed signatures will not be received.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Financial Aid Office Use Only**

Acceptable documentation: Y N

Move forward for committee review: Y N

By: Date:

Accepted Denied Date: