



**OFFICE OF FINANCIAL AID**  
**2023-2024 Change in Dependency Renewal**

2024 CFINDP

**Student Name:** \_\_\_\_\_ **NSHE ID:** \_\_\_\_\_

Students who have successfully appealed to be considered an independent student from the previous aid year at CSN can renew their independent status for the 2023-2024 year instead of completing a new appeal. Students who have not appealed to be an independent student at CSN must first complete the Request for Change in Dependency form.

To complete this form, the following must exist:

- You have an approved Request for Change in Dependency for the 2022-2023 Academic Year
- You completed the 2023-2024 FAFSA and are still considered dependent
- You still cannot provide parental information
- You can still document your extenuating circumstance

**Please note: Self-sufficiency or unwillingness on the part of your parent(s) or stepparent(s) to assist you is NOT a basis for an appeal.**

Please complete **all** sections of this form *and* submit the required documentation to the Office of Financial Aid. The form and required documents must be submitted together. Incomplete renewals are subject to denial.

**Section 1: Required documentation**

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- A signed statement explaining the circumstances that still prevent you from providing parent(s) information on the 2023-2024 FAFSA. Please include any relevant dates in your statement.

**Section 2: Circumstances - Select the circumstance that best fits your situation**

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- The custodial parent is now deceased, and there is no contact with the remaining parent
- Both parents are, or the custodial parent is institutionalized or incarcerated (no contact with the remaining parent)
- Both parents lack the physical or mental capacity to provide support
- Involuntary Disillusionment/abusive family environment (e.g., physical, mental, sexual abuse, or domestic violence)
- Abandonment by parents

**Section 3: CERTIFICATION**

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I certify that all the information provided as part of this renewal is complete and accurate to the best of my knowledge. I understand that I may be required to submit additional documents to the CSN Office of Financial Aid. If this request is approved, it is valid for the current academic year **ONLY** and must be renewed each year. CSN is not bound by any decisions made at other colleges. I also understand that **the decision made by CSN is final and cannot be appealed. Students must sign this form.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_