



**OFFICE OF FINANCIAL AID**  
**2023-2024 Request for Change in Dependency**

2024 CFINDP

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

Per the US Department of Education, you are *automatically* deemed an independent student if you meet at least one of the following criteria:

- You are over 24 years of age.
- You will be working on a graduate (i.e., Master’s Degree or Ph.D.) or professional (i.e., MD or JD) degree during the current academic year.
- You are married (as of the date the current year’s FAFSA was filed).
- You have children that receive more than half of their support from you.
- You have dependents other than children for who you provide more than half of their support.
- You are an orphan and/or ward of the court before your 18<sup>th</sup> birthday.
- You are a veteran of the US Armed Forces.

If you meet any of the above-listed criteria, please have the Office of Financial Aid review the accuracy of your 2023-2024 FAFSA. We may ask for documentation to confirm your FAFSA dependency status.

If you DO NOT meet any of the above-listed criteria, you may be eligible for a *Dependency Override* based on the circumstances listed in Section 2 of this form.

**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 appeals are subject to denial.

**Section 1: Required documentation**

- A signed statement explaining the circumstances that prevent you from providing parent(s) information on the 2023-2024 FAFSA. Please include any relevant dates in your statement.
- Court documentation, police reports, or other documentation supporting your statement.
- Two (2) signed written statements from a third-party source (counselor, court official, clergy, etc.) familiar with your situation. All third-party documentation MUST be signed on official letterhead.
- A copy of your birth certificate.

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

- 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**

I certify that all the information provided as part of this appeal 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: \_\_\_\_\_