Recertification for Change of Dependency Status  
2022-2023 Academic Year

You previously had a Dependency Override approved by our office; therefore, you must complete, print, sign, and submit this recertification to the Office of Financial Aid and Scholarships. (Failure to provide truthful and accurate information on this form will jeopardize your eligibility for financial aid.)

During the last academic year, your request to change your dependency status was approved. In order to maintain that change, federal regulations require annual recertification. Provide a brief description to each of the following questions. If additional space is needed, attach a typewritten statement to this form.

1. Will you be a degree-seeking Graduate student for the 2022/23 award year?
   YES____ Questions 2-5 do not apply. Sign, date, and return this form to our office.
   NO ____ Continue completing this form.

2. Explain why you initially requested a change of dependency status.

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Explain your current living arrangements.

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

4. Describe your current financial situation (work, money received or paid on your behalf).

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Explain your current relationship or contact with your biological parents.

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Affirmation Statement: I certify that all information and all documentation submitted to support my appeal are true to the best of my knowledge.

__________________________________          ________________
Student Signature          Date