

## **IMPORTANT INFORMATION REGARDING DEPENDENCY OVERRIDE REQUEST**

Dependency overrides are intended for students who can prove and fully document exceptional circumstances. This includes, but is not limited to, students who have no contact with their biological parents. We cannot approve requests for students whose sole reason for the request is because their parents are unwilling to pay for school, or for students who have chosen to live on their own.

The Dependency Override Request process begins after our office receives all necessary documents. The Special Circumstance and Dependency Override Committee meets bi-monthly to review requests. If your request is approved, corrections, if necessary, will be made to your FAFSA information. Once the processed information is received, the Office of Financial Aid will re-evaluate your financial aid eligibility.

Note the following information as you complete your Dependency Override Request:

- Thorough documentation is required to explain and verify your current situation. Income information originally provided on your FAFSA will also be verified. If your request or documentation is incomplete, it will be returned which can cause delays.
- The purpose of this request is to assess your additional need due to personal circumstances. There is no guarantee an approval will result in more aid or different types of aid awarded to you. The benefit to you, if any, will be influenced by: a) the types of financial aid for which you qualify, b) your current financial aid package and c) the maximum amounts allowed in federal and state financial aid programs.
- You will be notified in writing of the result.
- This request is in effect for the 2009-2010 academic year only. A Dependency Override Request must be completed each year. Policies and procedures are subject to change annually as influenced by institutional and regulatory changes.

If you have any questions regarding the Dependency Override Request, please contact our office.

**OFFICE OF ADMISSION & FINANCIAL AID**  
**AURORA UNIVERSITY \* 347 S. GLADSTONE AVE. \* AURORA IL 60506**  
**Phone #630-844-6190 or 1-800-742-5281**  
**Fax #630-844-6191**  
**E-Mail at [finaid@aurora.edu](mailto:finaid@aurora.edu)**  
**Web site at [www.aurora.edu](http://www.aurora.edu)**

# AURORA UNIVERSITY

## 2009-2010 DEPENDENCY OVERRIDE REQUEST

**You must complete and return this form, along with all other required documents, before this request can be evaluated.**

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ E-mail address \_\_\_\_\_

AU Student ID# or Soc. Sec. # \_\_\_\_\_

Parent(s):                      Mother    Father

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Please provide the following items so we may proceed with your request:

- Completed Request for Dependency Override form
- Third Party Professional Documentation form
- Any additional documentation to support your request: ie; legal guardian papers, letter from your physician or counselor, other documentation

Please disregard any of the above items if they have already been provided to our office. You may be asked to provide additional information once your request has been reviewed.

1. What are your present living arrangements, (who do you live with, how much rent do you pay each month) and since what date?

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

2. How do you support yourself and meet your living expenses?

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



I certify the information provided is true and correct and I understand it will be used to override federal regulations regarding my dependency status. I understand if I purposely give false or misleading information in connection with my application for federal student aid, I may be subject to up to a \$10,000 fine, imprisonment for up to 5 years, or both.

I understand if I move back with my parent(s) or receive any kind of parental support, I must report this to the Office of Financial Aid, immediately.

You will be notified in writing of the outcome of your dependency override request. Please allow approximately four weeks from the date we receive your completed form and all supporting documents before contacting our office regarding the status of your request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_ **APPROVED**

\_\_\_\_\_ **DENIED**

**Justification for Approval/Denial**

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\_\_\_\_\_  
**Administrator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

# AURORA UNIVERSITY

## THIRD PARTY PROFESSIONAL DOCUMENTATION FOR DEPENDENCY OVERRIDE REQUEST

**THIS SECTION TO BE COMPLETED BY STUDENT:**

NAME \_\_\_\_\_  
Last First MI AU Student ID # or Soc. Sec. #

The above named student authorizes you to provide the following information.

This form is to be completed by a professional outside of Aurora University who is a non-family member and who has worked with the student's family. The exception to this could be the Director of Counseling Services at Aurora University. (Other examples include your High School Counselor, Teacher, Social Worker, Clergy, Physician, Lawyer, Family Therapist.)

How long have you known the student? \_\_\_\_\_

What is your professional relationship with the student? \_\_\_\_\_

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

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If you need additional space, please attach a separate sheet.

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*Please print the following:*

Name \_\_\_\_\_

Title \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone \_\_\_\_\_

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Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to: Aurora University \* Office of Financial Aid \* 347 South Gladstone \* Aurora, IL 60506-4892**

Phone # 630-844-6190 or 1-800-742-5281

FAX # 630-844-6191

E-Mail at [finaid@aurora.edu](mailto:finaid@aurora.edu)

Web site at [www.aurora.edu](http://www.aurora.edu)