



Initial Dependency Override Request

Student Name: _____
(Last, First, MI)

Student ID: _____

Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless **all** requirements are met.

- ❖ Complete the certification on this form.
- ❖ Attach at least three (3) letters of reference.
 - Two (2) must be professional references. Professional reference can include clergy, counselor, teacher, lawyer, etc.
- ❖ Attach personal statement indicating relationship with mother and father. Completed Free Application for Federal Student Aid paper form if not already submitted.
- ❖ Return all documents to our office.

I am requesting consideration for a Dependency Override at the University of Texas at Tyler. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student's Signature: _____

Date: _____

For Counselor Use Only:

Approved: _____

For Aid Year: _____

Date: _____

Denied: _____

Office of Financial Aid

3900 University Blvd., Tyler, Texas 75799

www.uttyler.edu/financialaid/

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