



**Dependency Override Request
2009 – 2010 Academic Year**

Name _____ APSU Student ID# _____

Daytime Phone Number _____ APSU Email Address _____

**Submission of this form requires an appointment with your Financial Aid Counselor.
To schedule an appointment, call 931-221-7907 or toll-free 877-508-0057**

Reason for request: Abandonment Abuse

Please check the reason you are requesting a Dependency Override and provide three sources of supporting documentation. Other documentation may be requested once your initial request is reviewed. Be prepared to furnish any other items needed within two weeks of request.

Documentation must be attached

You will be notified via APSU Email of the decision regarding your request.

Dependency overrides are limited to cases of abuse or abandonment. Please indicate below why you feel you qualify for an override of your dependency status. Acceptable documentation would be a court order, police report, legal document or a letter from clergy, high school guidance counselor or teacher and relative that is aware of your situation. Active duty military personnel should provide a copy of their enlistment and a current LES. Due to the high volume of work in August and January, a decision may take up to 30 business days. **(This request will not be processed if supporting documentation is not attached).**

Misrepresentation of information may result in repayment of federal and state financial aid received.

Signature of Student _____ Date _____