2021-2022 Dependency Override Renewal Form

A student with a previously approved Dependency Override for the 2020-2021 aid year at UW-Whitewater and who does not meet the federal criteria for independent status on the 2021-2022 Free Application for Federal Student Aid (FAFSA) may submit this renewal application AND a statement documenting current status to determine if the extenuating circumstances established in the prior year still exist.

Requirements:
- You must have submitted the FAFSA for 2021-2022. This can be done online at www.fafsa.gov
- This completed form. Note that this form and any required documentation must be submitted no later than 30 days prior to the end of the enrollment period.
- Attach a typed personal statement, with your name, date, and signature, that:
  1. outlines the mitigating circumstances and why you should continue to be considered independent in 21-22,
  2. includes information as to your current living situation and how you are supporting yourself, and
  3. addresses if and how the circumstances used to determine your original independent status have changed.

Student Information

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student ID#</th>
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Address (Street, City, State, Zip Code)

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<th>Phone Number</th>
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Email Address

Upon receipt of your renewal request, it may be necessary to require additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed.

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.

Student’s Signature: ___________________________ Date: ______________

For Office Use Only

This form is being provided due to: ___________________________

- [ ] Approved
- [ ] Denied

Authorized By: ___________________________ Date: ______________

Processed By: ___________________________ Date: ______________