2015-2016 DEPENDENCY STATUS APPEAL FORM

Check one:  ☐ Incoming Freshman or Transfer Student  ☐ Continuing Student

Student’s Name___________________________________ Student ID# ___________________
Address___________________________________  Email________________________________
City_______________________  State______  Zip___________ Phone (____)_______________

The basic premise of federal financial aid is that students and parents have the primary obligation to finance postsecondary education to the extent they are able. The University of Cincinnati Student Financial Aid Office supports this premise and the current federal dependency definition. It is our policy to override the federal determination of dependency with extreme caution and only when it is clearly demonstrated, and supported with third-party documents, that an otherwise dependent student's parent(s) is no longer available to participate with the student in applying for federal assistance.

This form is used by student financial aid applicants who are seeking a review of their dependency status based upon unusual circumstances that prohibit their parents from participating with them in the application process.

STEP 1: UNUSUAL CIRCUMSTANCES
Explain, in detail on the reverse side of this form, the reasons why your parents are unavailable to apply for aid with you for the 2015-2016 academic year.

STEP 2: DOCUMENTATION
Attach third-party documentation that supports the conditions of your appeal. Professional third-party documentation is preferred from a counselor, physician, lawyer, clergy, or persons in a professional capacity who can submit a letter that clearly explains and supports your appeal circumstances. Third party documentation should be on letterhead and must include a daytime contact phone number.

STEP 3: CERTIFICATION
Sign the Certification Statement on the reverse side of this form.

This appeal will be reviewed by the Student Financial Aid Office. You will be notified in writing of the decision. Supporting documentation requested must be attached to this appeal. Return completed form with attached documentation to the Student Financial Aid Office.

Mail:  Student Financial Aid Office  Phone: (513) 556-1000 (One Stop)
University of Cincinnati  Fax: (513) 556-9171
PO Box 210125  Location: One Stop (220 University Pavilion)
Cincinnati, OH  45221-0125  Email: financeaid@uc.edu
UNUSUAL CIRCUMSTANCES: Explain, in detail, why you should be considered independent for the 2015-2016 academic year. **Note why your parents are unavailable to participate with you in the financial aid application process.** Include all pertinent facts that clearly reveal your unusual circumstance.

CERIFICATION STATEMENT: I certify that all information and documentation that I have provided pertaining to this appeal is true and complete.

Student’s Signature__________________________________ Date_________________

STUDENT FINANCIAL AID OFFICE USE ONLY

Decision: [ ] Approved [ ] Denied Initials__________ Date_____________

FAA Statement: __________________________________________________________
_______________________________________________________________________

QCS _________________________________________