



Office of Financial Aid Services
 425 S. Wabash Ave - Suite 1M16
 Chicago, Illinois 60605
 Phone: (866) 421-0935
 Fax: (312) 341-3545
 Email: fas@roosevelt.edu

2020-2021 DEPENDENCY OVERRIDE APPEAL

Student Name: _____ Roosevelt ID: _____

Street Address: _____ Telephone#: _____

City/State/Zip Code: _____

Email Address: _____

The U.S. Department of Education has determined that for federal student aid purposes it is primarily your and your family’s responsibility to pay for your education. A student under the age of 24 is dependent and assumed to have the support of parents and the parent’s information is assessed on the FAFSA (Free Application for Federal Student Aid) to get a full picture of the family’s financial ability to pay for your educational costs. The Department of Education may allow consideration for a student to appeal their dependency status for unusual and/or extreme circumstances. **As the student I understand that by submitting this appeal my financial aid eligibility cannot be determined until my dependency status is confirmed. I understand that the outcome of this review may not change my dependency status because it may not be permitted by federal regulations. I understand that submitting the appeal does not guarantee a dependency override. I understand that I am responsible for the payment of institutional charges due to Roosevelt University by the published due dates. I understand that I will be notified in writing in 5-7 business days about the outcome of my appeal.**

The following circumstances may be considered for dependency override and must be supported by documentation:

1. Abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence).
2. Abandonment by parents. Parents’ whereabouts unknown or parents cannot be located.
3. Incarceration or institutionalization of both parents.
4. Parents lacking the physical or mental capacity to be responsible for you as their dependent.
5. Parent is hospitalized for a period during or related to the current academic year.
6. Student is in an unsuitable household (e.g., child removed from the household and placed in foster care).
7. Student is married, separated or widowed.
8. Student has a dependent child or dependent children that receive more than 50% of support from the student.
9. Student is an emancipated minor or in a legal guardianship.
10. Student is an unaccompanied youth who is homeless or at risk of being homeless.
11. Student is currently serving on active duty in the U.S. armed forces for purposes other than training.
12. Other unusual or extreme circumstances that are explained and documents by this appeal.

Required Documentation:

- **The 2020-2021 FAFSA must be submitted and list Roosevelt University (Federal School Code 001749).**
- **As the student you must present a personal statement describing your justification for the appeal.**
- **Two letters from two non-family professionals, such as high school guidance or wellness counselor, or social worker, or clergy member or crisis center personnel. The Office of Financial Aid Services may contact the professional who provides your supporting documentation.**
- **Any written documentation that may support your case e.g. legal, law enforcement and/or court documents.**
- **Additional information/documentation may be requested to support the appeal.**
- **An appeal for dependency override must be submitted each academic year.**

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Student's Personal Statement: (attached pages if more space is needed/put your RU ID on all pages)

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature

Date

Submit this worksheet in person to FAS-1M16/Wabash Building, or by email to fas@roosevelt.edu, or by fax to **(312) 341-3545**
RRAAREQ: DEPOVR