



2024-25 Dependency Override Renewal Request

File your 2024-25 FAFSA application prior to submitting this form.

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| A. Student Information | |
| Student's Name: _____ | LCU ID: _____ |

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| B. Information |
| This request is <u>only</u> for students who had an approved Dependency Override Appeal at LCU for the 2023-24 academic year. Note: if you previously completed a Dependency Override due to homelessness or self-supporting and at risk of homelessness or similar circumstances, please stop and contact the Financial Aid Office. |
| A student with an approved Dependency Override Appeal for the 2023-2024 aid year at LCU who does not meet the federal criteria for independent status on the 2024-2025 FAFSA may submit this Dependency Override Renewal Request. Upon receipt of your , our office will determine if circumstances continue to exist for granting independent status. |
| I understand that if my Dependency Override Renewal Request is approved additional documents may be required to complete my financial aid application (<i>once LCU has updated my FAFSA application to reflect my Independent Status</i>). I am responsible for submitting all requested documents in a timely fashion. |

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| C. Personal Statement – In the space below, provide a detailed explanation of the unusual & extenuating circumstances that remain unchanged, which led to your approved independent status during 2023-2024. If you require additional space, please attach pages as necessary. |
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| F. Certification and Signatures – Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both. |
| Student Signature: _____ Date _____ |

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

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| For Office Use Only | |
| <input type="checkbox"/> D/O Renewal Approved | <input type="checkbox"/> Update <i>dependency</i> field to “I” for independent |
| <input type="checkbox"/> D/O Renewal Denied | |
| Comment(s) Supporting Decision: | |
| Processed/Reviewed By: | Date: |