

Student Name: _____

Student ID #: _____

(8 digits)



Student Financial Aid
University of Missouri

2025-2026 Request for Dependency Override

If you have extenuating circumstances that you feel warrant a review of your dependency status, you may appeal to be considered independent for financial aid purposes. You may **NOT** appeal to be considered independent because your parent(s) refuse to contribute towards your education, are unwilling to provide information on the FAFSA or for verification, do not claim you as a dependent for income tax purposes, or do not financially support you.

Provide a clear and concise explanation of your extenuating circumstances. The statement must be signed and dated. The statement must include:

- Your relationship with your biological and/or legally adopted parent(s)
- Specific dates of events that caused the separation from both parent(s) including last date of contact

In addition:

- At least two letters from professional witnesses documenting the circumstances as to why you are applying for the dependency override. Must be familiar with your family and the circumstances as to why you are applying.
 - Examples of professional witnesses include teachers, counselors, physicians, lawyers and law enforcement officers.
 - Each professional letter must include name, title/position, address, phone number, email address, signature and date.
 - If unable to provide letters from two professional witnesses, one can be a signed letter from a relative or friend.

I certify that the information provided on all attached documents are true, complete and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid and/or denial of future appeals in this and future years.

Student Signature

Date