



Student Financial Services
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 St. Louis, MO 63121-4499
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 www.umsl.edu/services/finaid

**2021-2022
 Appeal for Independent Status (F22IOV)**

Student Name _____ **Student ID#** _____

For the **2021-2022** award year, a student is automatically independent if he or she can answer “Yes” to any of the questions (#45-57) in **Section 2** of the **2021-2022** Free Application for Federal Student Aid (FAFSA). ***Students who do not meet one of these standards are therefore dependent by federal regulations and must include their parents’ tax information on the FAFSA form.****

The following conditions are **not** usually considered for dependency overrides:

- Parents’ refusal to contribute to the student’s education
- Parents are unwilling to provide information on the FAFSA or for the verification process
- Parents do not claim the student as a dependent for income tax purposes
- Students who demonstrate total self-sufficiency
- Students do not reside with their parents

However, if you believe there are **extenuating circumstances** that might warrant your being considered independent of your parents, this form provides instructions to petition for independent status. Unusual circumstances are cases such as an abusive family environment, or abandonment by parents where attainment of parental financial documents or support is impossible.

Please provide a copy of your 2019 federal income tax return and three (3) typed letters, one from yourself, and two additional letters from two independent parties [other than parent(s)] that summarize your unusual circumstance(s). Letters from persons in a professional capacity (on their letterhead) are most helpful. Handwritten letters will not be accepted.

You will be notified in writing about the decision on your request. **(Please allow 2-3 weeks for a response.)**

***If you haven’t done so already, we recommend that you immediately file the FAFSA with the information that is available to you, in order to avoid missing a scholarship or state program deadline.**

I certify that the attached information provided is true and complete to the best of my knowledge. I agree to provide additional proof of the information given if requested by Student Financial Aid. I understand that if the information is incomplete or lacks the required documentation, no action will be taken.

PRINT NAME IN LIEU OF SIGNATURE _____ **Date** _____