University of Illinois Springfield - Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/cost-aid/financial-aid

2022-2023 Dependency Override Request

For Priority Processing Submit Form within 15 business days

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code
2. Please upload all docu	_ orksheet. You must answer al	·	rm must be <u>SIGNED</u> .
are independent for finan- per federal regulations, a student's ability to suppor	cial aid purposes, you must sul parent's unwillingness to provi t themselves financially do not	omit a letter explaining in on de their financial data, a si solely constitute grounds	023 academic year and you feel you detail the reason(s). Please note that tudent's living arrangement, or the for a student to be considered e considered on a case-by-case basis.
	ndency Override Docum		
Check below the most r	elevant to your situation and	attach the appropriate of	documentation:
A. Please s B. Three si police) v C. Appropr verifying	erifying your situation.	ead) from professionals (i. papers, police reports, doc in the appeal.	e. high school counselors, therapist, clergy umentation from social services agencies) ing your name as lessee.
☐ Unaccompanied	youth who is homeless. Pleas	se submit all items listed a	bove (except letter D).
☐ All other circums	stances. Please submit all item	s listed above.	
Section C - Stude	nt Signature		
	nis form and supporting documous	entation to Enterprise Self	S-Service Student Requirements under the
	y print UIN on every page of le all appropriate signatures.		
I certify that the information	on provided on this form and its	attachments are true and	I correct.
Student Signature	Da	te	
ENTER YOUR 9-DIG	T UIN 🛶		
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