

2025-2026 DEPENDENCY OVERRIDE APPEAL

Name	Student ID	_ Student ID		
Address	City	_ State	_Zip	

The U.S. Congress designed the Federal Student Aid programs around the basic premise that families have the primary responsibility to pay for higher education as they are able. Many students feel they are independent because they are currently living on their own or because their parents no longer claim them on their income taxes. The Financial Aid Office is required by federal law to consider parent information unless the student meets specific criteria as defined on the FAFSA.

We may be able to override your dependent status if unusual family circumstances exist that make it impossible for you to have contact with your parents.

Parent refusal to contribute to education costs or provide income information is not, by itself, a basis for a review.

Dependency Override Warrants:

May Warrant	Does Not Warrant	
☐ Documented abandonment	Parent(s) refuse to provide information for the FAFSA	
☐ Parental drug abuse	 Parent(s) do not claim student as a dependent for income tax purposes 	
☐ Physical or emotional abuse	 Parent(s) are unwilling or unable to contribute to student's education 	
☐ Severe estrangement from parent(s)	☐ Student demonstrates self-sufficiency	
☐ Parental mental incapacity	☐ Student reluctant to request income information from parent(s)	
Your parent(s) live out of the country,and unable to maintain contact	☐ Student does not wish to communicate with parent(s)	

Before the Financial Aid Department will consider any changes regarding dependency status, you must complete this form and provide supporting documentation. We may request additional information for consideration of your review.

<u>Documentation:</u>					
Select from the options below, attach the required documents to this form.					
	I was granted a Dependency Override and re	eceived financia	al aid as an independent student in 2024-25:		
1.	Provide an updated letter describing your cur	rent situation a	nd relationship with you parent(s).		
OR					
	I believe my family situation warrants Depend	ency Override	consideration:		
1.	A letter of explanation, written by the student	t, detailing:			
	 The family circumstances that led to Last known contact with your parer How you have been supporting you Where and with whom you have been 	nts. urself.	o leave the parents' household.		
 Letters from two professionals (on their official business letterhead stationery), verifying the family circumstances described by the student. *Professionals include guidance counselors, clergy members, teachers, doctors, family counselors, mental health professionals, and law enforcement personnel. Contact information should be included. 					
3. Court documents or other supporting documentation relevant to the student's situation.					
CERTIFICATION: All the information provided on this form is true and correct to the best of my knowledge and belief. If asked by an authorized official of the college, I agree to give proof of the information that I have given on this form. I further understand that if I do not give proof, my request for dependency override appeal will not be considered. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment. I authorize the use of this information and any supporting documentation to be utilized at the College of Southern Maryland.					
Student's S	Signature (handwritten)	Date	CSM Student ID		
Please allow two weeks for processing after we have received all requested documents.					

FAD Office Hours: Monday-Thursday | 8:30 a.m. - 5:00 p.m. Friday | 8:30 a.m. - 4:30 p.m.

Send All Correspondence to:
College of Southern Maryland*Financial Assistance Department
P.O. Box 910* La Plata, MD 20646* Finaid@csmd.edu Telephone: 301-934-2261, 301-870-3008, ext. 7531, or 301-934-7531 (Direct Line)