2019 – 2020 Renewal Request for Independent Status

Submit completed form to One Stop Enrollment Center for processing

Documentation submitted by fax or email will not be accepted. Please fill out and print.

In order to justify a dependency override, a history of family estrangement from both parents and/or dysfunction regarding both parents must exist. This form can be used to request a review of extenuating circumstances regarding your dependent status. Examples of estrangement or dysfunction include, but are not limited to abuse, abandonment, drug abuse, and parent incarceration. These extenuating circumstances must be documented by an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy, mental health professional, law enforcement officer, teacher, etc.) to qualify. This form can be submitted by mail, in-person at the One Stop Enrollment Center, or via the Document Uploader.

The following examples will not make you independent:
1) Parents refuse to financially contribute to the student’s education
2) Parents refuse to fill out information necessary to complete the FAFSA
3) Parents do not claim the student as a dependent for income tax purposes
4) Student demonstrates total self-sufficiency

STEP 1: Fill out your 2019-2020 FAFSA at www.fafsa.ed.gov. Do not submit this form until your FAFSA has been submitted.

STEP 2: STATUS CHECKLIST: A dependency override is granted on a yearly basis. If you were granted a dependency override at UTSA in 2018-2019, please reapply by turning in ALL of the following information. A renewal does not guarantee approval, as a decision will be made after review of your current status. We cannot process a request without all documentation, and additional documentation may be requested.

1. Submit an updated typed and signed letter detailing the special circumstance that makes you independent from your parents.

2. Attach a copy of your 2017 Federal Tax Return Transcript, or a signed copy of your 2017 Federal Tax Return; list of income earned for 2017; and submit the W-2 form(s) or other earning statement(s) if available.

STEP 3: CERTIFICATION STATEMENT

Your signature on this document confirms your acknowledgement of the following:

• The information submitted for review is true and correct to the best of your knowledge.
• Providing false information may result in reduced eligibility, repayment of aid, or both.
• During peak seasons, there may be a 5-7 business day processing time for the request.
• Status of the request will be emailed to your preferred email account as you indicated on ASAP.
• You have read each section and have provided the required documentation and realize that more may be required upon request.

Student Email: ___________________________ Telephone Number: ___________________________

Student Signature: ___________________________ Date: ___________________________

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Office Use Only

Date: _______________ Received By: _______________ Processed By: _______________

RRAAREQ Code: DEPOVR WebX Code: FA_DEP_OVERRIDE

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