

Purdue University North Central
Office of Financial Aid

Dependency Status Appeal Form

NAME: _____ Student ID: _____

Address: _____

City: _____ Zip: _____ Phone: _____

E-Mail (required): _____

This form is to appeal the dependency status of the above mentioned student. Students will submit the required information to the PNC Financial Aid Office for review. **Once the review is completed the student will be notified by e-mail of the appeal outcome.** Please be aware that the following instances do **NOT** merit a dependency status change, either alone or in combination:

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.

If there are circumstances above and beyond, or in addition to those circumstances listed above the student may be eligible for a dependency status change. In these cases the PNC Financial Aid Office will require, at the very least, the following information to consider the dependency status change:

- A detailed letter from the student explaining the circumstances of the situation that would qualify for a dependency status change;
- Two separate letters from professional and/or administrative personnel that are able to verify the above mentioned circumstances. Those professional/administrative personnel could include but are not exclusive to high school guidance counselors, clergy members, high school teachers, doctors, lawyers, etc.; (Other family members do not qualify)
- This Dependency Status Appeal Form signed and dated by the student.

NOTE: Any other information/documentation that will be useful in verifying the student's circumstances are also welcomed.

Read and Sign: I certify that the information provided for this dependency status appeal is true and accurate. I understand that if the information is proven false after a dependency status changed has been approved, the Director of Financial Aid has the authority to reverse the previous decision and take away any financial aid awarded due to the dependency status change.

Signature _____ Date _____