



UNIVERSITY OF ARKANSAS  
PULASKI TECH

2025-2026 Dependency Override Form

Student Name \_\_\_\_\_ Student UA-PTC ID \_\_\_\_\_

(Filing this form does not guarantee your appeal will be approved.)

Federal financial aid regulations define dependency status for federal student aid. Students may appeal for independent status based on unusual circumstances.

However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override.

**Unusual circumstances do not include:**

- Parents refuse to contribute to the student's education.
- Parents will not provide information for the FAFSA or verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

There are situations when a student may have unusual circumstances in which s/he should be considered independent. Our office will review each appeal by examining the supporting documentation provided by the student and will either approve or deny the student's request. The student will be notified in writing of the decision. Please be aware that **MOST STUDENTS WILL NOT QUALIFY FOR AN INDEPENDENT APPEAL.**

**Please Check Which Scenario Best Describes Your Situation:**

- ☐ I have been separated from both of my parents due to an abusive family environment.
- ☐ I have been separated from both of my parents because they are incarcerated.
- ☐ I have been separated from both of my parents due to abandonment and I am unable to contact them.
- ☐ One of my parents is deceased and I do not know the whereabouts of my other parent.
- ☐ I have a different situation that prevents me from contacting one or both of my parents.

**Documentation Required:**

Please attach all the following documentation to process your appeal:

1. A personal statement detailing your situation regarding your request. Be sure to include the last time that you had contact with your parents and explain why you cannot provide parental information on the FAFSA. Describe your living arrangement, including where you reside and a detailed explanation of how you are supporting yourself. If someone else is providing your support, please indicate to what extent they provide support for you.
2. Statements from at least one disinterested third party (such as a teacher, member of the clergy, a public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence; who are aware of your situation. In cases where this is unavailable, our office can accept a signed and dated statement from a family member detailing the unusual circumstances. **Family member statements must be notarized or completed in the UAPTC financial aid office.**
3. All statements must be signed and dated.

Certification and Signature:

By signing below, I certify that all the information provided is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_