



2025-2026 Professional Judgment: Dependency Override

A. Student Information:

Student's Name _____

UHC ID _____

B. General Information for Requesting a Dependency Status Override

A student who does not meet the federal criteria for independent status on the 2025-2026 Free Application for Federal Student Aid (FAFSA) may submit this form and supporting documentation for a determination if unusual circumstances exist for granting a dependency status override. The Higher Education Act allows a financial aid administrator (FAA) to make dependency overrides on a case-by-case basis for students with unusual circumstances.

A Dependency Override cannot be granted solely on the basis:

- A parent refuses to contribute to the student's education.
- A parent's unwillingness to provide information on the FAFSA for verification.
- A parent does not claim the student for income tax purposes.
- A student's ability to demonstrate total self-sufficiency and is not homeless.

C. Supporting Documentation

To be considered for a Dependency Override, students must submit this application, along with all supporting documentation to the Office of Financial Aid.

Required documentation includes:

Personal Statement by Student

Attach a typed personal statement that summarizes the unusual circumstances with your name, university ID, date and signature. Your statement should include the following information: (1) last date and nature of parent contact and (2) location of your parents and (3) how you are supporting yourself.

Personal Statement by Third Party

Attach a typed statement signed and dated from a third party (e.g. Teacher, physician, social worker, or an individual involved with the circumstances in a professional capacity) summarizing your unusual circumstances and knowledge concerning your relationship with your parents.

Additional Supporting Documentation (Optional)

Attach copies of any relevant supporting documentation (e.g. court documents, legal documents, or police report).

D. Acknowledgement

By signing, I certify that all the information reported above is complete and correct to the best of my knowledge and belief.

Student's Signature _____ Date _____

Return form to:

Office of Financial Aid, University of Holy Cross, 4123 Woodland Dr.

New Orleans, LA 70131

-Or-

E-Mail: FinAid@uhcno.edu