



# 2026-2027 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 2026-2027 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](mailto:FinAid@uhcno.edu)