

DEPENDENCY OVERRIDE REQUEST FOR PROFESSIONAL JUDGEMENT

Student Nam	e: ID: 770
Permanent S	treet Address:
City/State/Zip):
Permanent P	hone #: () Social Security Number:
Academic Ye	ar:
Type of Profe	essional Judgment:
	Dependency Change (Dependent to Independent only)
Your	request will need to include the following:
	Completed Dependency Override Form (see attached) Most recent IRS Federal Tax Transcript & W2's for student (spouse or parent(s) if applicable) Most recent pay stubs for student (spouse or parent(s) if applicable) Completed Household Verification Worksheet Completed Untaxed Income Completed Food Stamps and/or Child Support Paid if applicable Signed & dated DETAILED (dates and amounts) statement explaining current situation and the reason for requesting a Professional Judgment
circumstance of Education the Helena C Financial Aid	ng that the Financial Aid Director at Helena College University of Montana consider my is to determine if I may be eligible for a professional judgment according to the Department Federal Regulations. This determination may allow my financial aid eligibility to change at ollege University of Montana only. I agree to provide any documentation requested by the Director if it can be obtained. I understand that this decision is made by the Financial Aid and upon documentation I supply and that any professional judgment decisions are final.
Student Signa	ature Date
This form an	nd any required/requested documentation must be given to the Helena College

Financial Aid Office prior to any professional judgment being granted.

FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601 406-447-6916, www.helenacollege.edu

RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or fax to: 406-447-6397.



Dependency Override Request

Student Name:	וט //ט
for educational costs. These rules are exp not qualify under those rules, the Financia	stated which students shall be considered independent of parental support lained in the Free Application for Federal Student Aid (FAFSA). If you do I Aid Administrator may consider, under professional judgment, exceptiona to be independent. Any decision rendered from an office applies only to
would like to be considered for indeper	he regular rules for independent status, but my situation is such that ndent status. I understand that the unwillingness of a parent to provide accept support are unacceptable reasons to make this request.
Attach a detailed description of your unique documentation:	e circumstances. Include the following information and attach appropriate
contact, and any financial support	n your parents (include location of both parents, description of most recent from them with in the last two years). In have supported yourself for the past two years. For the past two years, if you filed.
	ndation from two individuals such as foster parents, members of the clergy, our relationship with your parents. Statements from parents <u>cannot</u> be
Name of Individual	Job Title or Relationship to Student
may be subject to further documentation	the professional judgment of the Financial Aid Director. This request on. Any decision is final and applies only to Helena College University must contact the Financial Aid Office before I file each year to
Signed:	Date:
	Date: sleading information to help establish eligibility for federal student ,000 fine, a prison sentence, or both.

DAPEAL