

University of Central Missouri  
Office of Student Financial Services  
P.O. Box 800  
Warrensburg, MO 64093-5178

Phone 660-543-8266  
FAX 660-543-8080  
Webpage: [www.ucmo.edu/sfs](http://www.ucmo.edu/sfs)

## Dependency Override Appeal: Application

# 2019/2020 Award Year

UCM Office use only

Dep\_OR\_Appeal\_App\_18.pdf  
NOV 9, 2018

Page 1 of 2

FRCD1

\_\_\_\_\_  
**Student's Name** (please print) 700  
\_\_\_\_\_  
UCM ID Number

1. Submit your signed letter of appeal to the UCM Office of Student Financial Services. In your appeal you must provide convincing justification that you are truly independent of your parent(s) in accordance with at least one of the conditions cited on our Dependency Override Policies page. See the link below for policies: <https://www.ucmo.edu/sfs/policies.cfm>

You must **also** explain the following circumstances in your appeal:

- a. Why your parent(s) are not providing (or will not provide) any financial support for you.
  - b. Why you're unable to obtain income and asset data from your parent(s) to complete your 2019/2020 FAFSA.
  - c. Your living arrangements, particularly how often (summers, weekends, etc.) you reside with your parents.
  - d. Your personal relationship with your parent(s): how often you visit them, contact them, etc.
  - e. What kinds and amounts of financial support your parent(s) provide to you (money, food and housing, payment of your bills, purchase of a vehicle, insurance payments, medical insurance, etc.)
  - f. What kinds and amounts of financial support you receive from other family members, friends, or relatives.
2. Letters of support must also be submitted from at least two other adults (only one of which may be a family member or relative) who know of your circumstances and can attest to the validity of your written appeal. Out of these two supporting letters, at least one of them must be written by a professional on official letterhead stationery. Examples of such individuals include, but are not limited to, your high school guidance counselor, religious leader, Family Services officer, court representative, or social worker.

I certify that the information included with my dependency override appeal is **true and accurate** to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\* Submit both pages of this form and **all supporting documents** to the UCM **Office of Student Financial Services**.

**Mailing Address:**  
Office of Student Financial Services  
University of Central Missouri  
P.O. Box 800  
Warrensburg, MO 64093-5178

**Hand carry to:**  
1100 Ward Edwards Bldg.  
  
**Fax:**  
660-543-8080

**Be sure to read, complete, and submit page 2 of this application.**

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Student's Name (please print) 700  
UCM ID Number

**Important! Please review the following section regarding your rights under Title IX and sign below:**

Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits discrimination on the basis of sex against any person in education programs and activities receiving federal funding. Sexual misconduct, including sexual assault, domestic and dating violence, and stalking, are considered severe forms of sexual discrimination. **Please be aware that under Title IX, UCM employees are required to report to UCM’s Title IX Coordinator any time they become aware of possible sexual misconduct.** Your Title IX Coordinator can help maintain your privacy while providing you with assistance and support. Your Title IX Coordinator is also available to explain and discuss your right to file a criminal complaint; the University’s relevant complaint process, and your right to receive assistance with that process, including the investigation process; how confidentiality is handled; available resources, both on and off campus; and other related matters.

**I hereby certify that I have read the above section regarding my rights under Title IX, and acknowledge that if the circumstances surrounding my request for a dependency override are related to sexual misconduct, the Office of Student Financial Services will be required to report this information to UCM’s Title IX Coordinator.**

\_\_\_\_\_  
**Student’s Signature**

\_\_\_\_\_  
**Date**