

2026–2027 Dependency Override Request Instructions

What is a Dependency Override?

A Dependency Override occurs when a financial aid counselor exercises professional judgment to override the standard dependency criteria based on extenuating family circumstances. A Dependency Override can only be done in cases in which the student can provide a compelling reason for excluding parental information on the FAFSA and can provide supporting documentation that demonstrates the nature of the student/parent relationship.

What situation could warrant a Dependency Override?

The following are some examples that may warrant a dependency override if the circumstances can be documented. This list is not all-inclusive and the presence of one or more of these situations does not guarantee the approval of a dependency override:

- Documented abandonment — where your parent(s) voluntarily left or were absent for an extended period of time
- Unsafe living environment as a result of physical, emotional, sexual, or substance abuse by your parent(s)
- Parental incarceration
- Parental mental incapacity/institutionalization
- Death of custodial parent and no contact with other biological/legal parent
- Parents do not reside in the United States and cannot be contacted
- Parent(s) disowned or ended contact/support because of conflicting beliefs or practices related to race, religion, education, health, gender, sexual orientation, cultural expectations, etc.

By federal law, the following circumstances DO NOT warrant a dependency override, individually or in combination:

- Parent(s) do not claim you as a dependent for income tax purposes or they don't file taxes even though they are legally required to
- Parent(s) are unable or unwilling to contribute to your education
- Parent(s) refuse to provide their information on the FAFSA, or, if needed, to complete the verification process
- You're unwilling to ask your parent(s) to complete the FAFSA
- You're completely self-sufficient (have a job, live on your own, pay your own bills, etc.)
- Supporting a boyfriend or girlfriend financially
- Supporting a child of which you do not have legal custody

2026–2027 Dependency Override Request Form

Please note that this form is ONLY for U.S. citizens or permanent residents.

Complete this form if you do not meet the federal criteria to be considered independent for financial aid purposes but can demonstrate a compelling reason for excluding parent information on your 2026–2027 Free Application for Federal Student Aid (FAFSA).

Date _____

Student's Name _____ University ID _____

☐ New Request ☐ Renewal Request

Complete this form based on your relationship with your biological or legal parent(s). Due to the sensitive nature of this type of information, please be assured that any information you share with Drexel University's Office of Financial Aid will remain confidential. Conditions that MAY warrant a dependency override are listed below. Please mark all that apply to your situation.

- ☐ **Abandonment:** Your parent(s) retained legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown or you cannot readily reach them. You have not had contact with your parent(s) and they have not provided you with any emotional or financial support for an extended period of time.
- ☐ **Abuse:** Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, verbal, or substance (drug/alcohol) abuse.
- ☐ **Incarceration:** At least one parent is in prison as a result of their participation in illegal activities and you do not have contact with or receive any support from your other parent.
- ☐ **Institutionalization:** At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA and you do not have contact with or receive any support from your other parent.
- ☐ **Death:** Your custodial parent is no longer living, and you do not have contact with or receive any support from your other parent. (If your custodial parent has passed away, submit a copy of their death certificate, obituary, or memorial program.)
- ☐ **Location Unknown:** Your parents do not reside in the United States and cannot be contacted.

Complete the information below based on your relationship with both of your biological/legal parents.

1. Provide the month and year that you became estranged from your parent(s): _____

2. Mark the statement below that best describes your situation:

- ☐ I was living with my parent(s) at the time and was kicked out or told I could no longer live with them.
- ☐ I was living with my parent(s) at the time and left the home due to abuse, conflict, or discord.
- ☐ I lived with my parents until I turned 18 or graduated from high school and was not forced to move out.
- ☐ I never lived with either parent and lived with others but was never legally adopted or under legal guardianship of anyone else.
- ☐ Other (please explain): _____

3. To your knowledge, did either of your parents claim you as a dependent when they filed their 2024 income tax return?

☐ Yes ☐ No

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4. To your knowledge, are you covered under either parent’s insurance policies, cell phone plan, gym membership, etc.?
☐ Yes ☐ No

5. Using the chart below, report the details of your most recent contact with both parents.
Example: Father – 10/2025 – called to wish me a happy birthday, Mother – N/A – No contact in the past 6 months

Parent	Month/Year of Last Contact	Contact Details
Father		
Mother		

The following documents must be submitted with this form for consideration of your Dependency Override request.
Failure to include all requested documentation will result in automatic denial of your override request.

- A. A signed personal statement from you, the student, describing the history of your relationship with both biological/legal parents. Include step-parents if they are relevant to your issues with your parent(s). Whenever possible, provide specific examples of the events that led to your estrangement from your parents. Your statement must also include the following:
 - Where and with whom you lived from the time you stopped living with your parents through now; and
 - Who provided your financial support from the time you stopped living with your parents through now. If you didn’t receive any financial support from others, explain how you supported yourself (i.e., job, financial aid, food stamps, etc.).
- B. Two letters of support from parties who can confirm the dissolution of your relationship with your parent(s) by providing specifics about your family situation. These letters must include the following: their signature, their current phone number, and how they know you.
 - The first letter must be from an unbiased professional, such as a doctor, psychiatrist, pastor, teacher, employer, high school guidance counselor, attorney, or police officer.
 - The second letter may be from a friend, relative, neighbor, or anyone with knowledge of your family situation.
- C. All relevant documentation supporting the reason for your request selected above.

If you have any questions about the Dependency Override process, please contact us via ask.drexel.edu.