



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Financial Aid Office
3300 Century Avenue North
White Bear Lake, MN 55110
Phone: 651-779-3305
Fax: 651-779-5816
E-mail: finaid@century.edu

Name _____
Address _____
City _____ State _____ Zip Code _____

2011-12 Request for Professional Judgment Dependency Status

Student ID _____ Phone # (_____) _____ - _____ Email Address _____

I am requesting the Financial Aid Office to consider:

CHANGE OF DEPENDENCY STATUS TO INDEPENDENT: A student who does not meet the federal criteria for independent status as listed in the FAFSA may have your dependency status changed IF you have special circumstances.

To apply for a dependency status change, **provide the following documentation:**

1. A detailed statement explaining why you are unable to provide parental information including the last time you lived with your parents and/or received any financial support from them and how you were able to meet your financial obligations,
2. A written statement from **two** individuals (i.e. school administrator, minister, social worker, counselor) who have first-hand knowledge of your situation.

NONE OF THE FOLLOWING CONDITIONS, SINGLY OR IN COMBINATION, WILL QUALIFY FOR A DEPENDENCY OVERRIDE:

1. Parents refuse to contribute to child's education
2. Parents are unwilling to provide information on the application or for verification
3. Student demonstrates self-sufficiency

Note: All requests submitted without proper documentation will be denied.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

_____ **Approved**

_____ **Denied**

_____ **Tabled – need more information:**

Comments:
