



DEPENDENCY CHANGE REQUEST INSTRUCTIONS 2007-2008

Financial Aid Office
ASU Station #11015
San Angelo, TX 76909-1015
325/942-2246
FAX 325/942-2082

This application is available to you if:

1. You do not meet the definition of an independent student for financial aid purposes as defined by the U.S. Department of Education, ***and***
2. You believe that you have a justifiable unusual circumstance that differentiates you from other ASU students making it unreasonable to assess your parents' ability to contribute to your educational costs.

To apply for a dependency change, you must submit the following to the Financial Aid Office:

1. A completed "Applicant Form" (attached).
2. A completed "Reference Form" (attached) from your parent. If it is absolutely impossible to secure a reference from your parent, you may substitute another close relative (e.g., grandparent, aunt, uncle, etc.) and document why you were unable to secure one from your parent.
3. A completed "Reference Form" (attached) from the person with whom you reside. If you live alone, another close relative or friend would be sufficient.
4. A completed "Reference Form" (attached) from a professional (e.g., pastor, attorney, counselor, teacher, principal, employer, etc.) who is not related to you and is familiar with your unusual circumstance.
5. Any additional supporting documentation which you believe will further justify a dependency change.
6. You may also be requested to provide additional documentation to support your application (e.g., copies of parents' income tax returns, copies of your income tax returns, etc.). You will be notified if additional documents are required.



**DEPENDENCY CHANGE REQUEST
REFERENCE FORM
2007-2008**

OFFICE USE ONLY

Financial Aid Office
ASU Station #11015
San Angelo, TX 76909-1015
325/942-2246
FAX 325-942-2082

CAMPUS ID NO. OR SOC. SEC. NO.:

APPLICANT'S NAME: _____

I. What is your relationship to the applicant?

II. How long have you known the applicant?

III. Provide a detailed statement explaining your view of the applicant's unusual circumstance which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the applicant's education, and any additional information which will distinguish the applicant's situation as out of the ordinary. You may use the back of this form if needed for additional space.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.

| | |
|-----------------------------------|----------------------------|
| Name of Reference (please print): | Date: |
| Signature of Reference: | Home Phone: |
| Address: | Work Phone: |
| City, State ZIP: | Best time to be contacted: |

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Financial Aid Office.