

Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_



## The University of Mississippi

FAO Action: \_\_\_\_\_  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

Office of Financial Aid  
Professional Judgment Committee  
Post Office Box 1848  
Suite 257 Martindale Student Services  
University, Mississippi 38677

Telephone: (800) 891-4596  
Fax: (662) 915-1164

### 2008-2009 Request for Independent Student Status Dependency Override Petition

Section I. To be completed by student (please print):

STUDENT LAST NAME _____	STUDENT FIRST NAME _____	STUDENT MIDDLE NAME _____
OLE MISS STUDENT NUMBER _____	LOCAL TELEPHONE NUMBER _____	OLE MISS EMAIL ADDRESS _____

#### \_\_\_\_ Undergraduate/Pharmacy 1-4

Eligibility for federal student aid is based on the assumption that you and your parents are primarily responsible for educational costs. If the directions on your financial aid application instruct you to provide parent information, then by law you are dependent for federal aid purposes. In extreme circumstances, the Office of Financial Aid may be able to assist a student who is technically dependent but who does not or cannot have contact with either parent. In this situation, you must complete this form **and** must attach supporting documentation from a professional person (minister, psychologist, social worker, doctor, etc.) that verifies you are estranged from both parents. **Your parent(s)' refusal to provide information and your ability to support yourself are not grounds for approving a change in dependency status.**

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

When was the last time you lived with your **mother**? \_\_\_\_\_

When was the last time you had any contact with **her**? \_\_\_\_\_

When did **she** last provide any type of support for you? \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

When was the last time you lived with your **father**? \_\_\_\_\_

When was the last time you had any contact with **him**? \_\_\_\_\_

When did **he** last provide any type of support for you? \_\_\_\_\_

What is your present living situation? When did you make these arrangements?

How do you support yourself (pay rent, buy food, gas, etc)? \_\_\_\_\_

Why are you unable to contact either parent? Attach a separate sheet if necessary.

**ADDITIONAL DOCUMENTATION REQUIRED:** Attach statements from two responsible adults confirming that you are estranged from your parents. At least one statement must be from a professional person (minister, psychologist, social worker, doctor, etc.) and should be on letterhead or have a business card attached. Statements must be on letterhead and include: 1) the length of time the person has known you, 2) how the person is aware of your situation, 3) why the parental information is not available, and 4) to the person's knowledge, you do not receive parental support. If letter is not on letterhead, it must be notarized. Copies of appropriate court documents are acceptable in lieu of these statements.

If you have previously submitted this information to the Financial Aid Office and your circumstances have not changed, it is not necessary to do so again. Check this box if previously submitted and you affirm that your circumstances are unchanged. [ ]

**You must submit a signed copy of your 2007 federal tax return and your W-2 statements.** If you did not keep a copy of your federal taxes, you must call the IRS at 1-800-829-1040 and ask for a Tax Transcript for the 2007 tax year. If you were not required to file a federal tax return you must also call the IRS to get a Non-filers Tax transcript.

I certify that the information provided is true and correct. I understand that if I return to live with either parent or if I receive any kind of support from either parent I must report this to the Financial Aid Office *immediately*.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE