UT PERMIAN BASIN™
OFFICE OF FINANCIAL AID
& SCHOLARSHIPS

2027-2028 Dependency Override

Documents received after priority deadline do not guarantee aid will be available before 1st class day. It is recommended that alternative payment arrangements are made to avoid interruption in classes.

Fall Priority Deadline: July 15, 2027
Spring Priority Deadline: October 15, 2027

Student Information

Name: UT Permian Basin ID: Last 4 of SSN:

A Dependency Status Change requires a student to document unusual circumstances that make it inappropriate to expect a parental contribution for the student. The following conditions on their own or in combination **do not** qualify as unusual circumstances:

- Parents refusing to contribute to the student's education;
- Parents unwilling to provide information on the application or for verification;
- Parents not claiming the student as a dependent for income tax purposes;
- Students demonstrating total self-sufficiency.

You must answer the following questions:

1. Do you communicate with your parents? ☐ Yes ☐ No
2. Do you live with a parent or relative? ☐ Yes ☐ No
3. Do you know where your parents live? ☐ Yes ☐ No
4. Have you been a victim of domestic violence? ☐ Yes ☐ No

Required Documentation

1. On a separate sheet you must provide a written description of your relationship with your parent(s)—where and who you live with, where your parents reside, and a description of domestic violence if you answered Yes to question 4.
2. In addition to the written description above you must provide written documentation (signature and date included) from two third party sources, on a letterhead, who are familiar with your unusual circumstances. (i.e. Clergy, Landlord, Doctor, High School or College Counselor, etc.). Relatives are not acceptable.

Signature

By signing this form, I acknowledge that the information is true and accurate to the best of my knowledge. I understand that the decision by the OSFA is final and there are no appeals. **Electronic signatures are not accepted.**

Student Signature: _____ **Date:** _____

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