



# California State University SAN MARCOS

Financial Aid and Scholarships Office Tel: 760.750.4850 Fax: 760.750.3047 [www.csusm.edu/finaid](http://www.csusm.edu/finaid)

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## 2016-2017 PETITION FOR INDEPENDENT STATUS

The U.S. Department of Education determines your student dependency status based on the information you provided in the FAFSA. In certain situations, students may submit an appeal to CSUSM requesting that their dependency status to be overridden. CSUSM will use this process to review your situation and determine if you are eligible to be considered an independent student. An appeal can only be approved in certain *limited* and *exceptional* circumstances.

Student's Name: \_\_\_\_\_ Student's ID#: \_\_\_\_\_

Attach a typed, clear, signed and dated one-page explanation of your exceptional circumstance. Your signed and dated statement must include a complete history of:

- Your relationship with your biological and/or legally adoptive parents;
- Specific dates of events that caused your separation from your parents;
- Where you have lived since separating from your parents.

Two signed and dated letters from third-party professionals (on their official letterhead) documenting their first-hand knowledge of your exceptional circumstance. The Financial Aid Office may contact these references for clarification of your situation. Contact information for each individual must be a part of the letter.

- Professionals include: clergy, counselors, social workers, police and physicians.
- Letters should be detailed and refer to actual events – they should not be reiterations of events you have shared, but should reflect the writer's direct knowledge.
- Police reports may, in some cases, substitute for one letter
- You may not include letters from friends or family members.

Appeals submitted without the required documentation listed above cannot be considered. If you are approved for a dependency appeal, your dependency status must be reevaluated each year until you meet the federal criteria for being considered an independent student automatically.

I acknowledge by signing and dating this form that I understand completion of this request does not ensure a change in my dependency status or receipt of additional financial aid. I also understand that making false statements or misrepresentations will result in my request being cancelled. I understand the decision of the Appeals Committee is final and cannot be changed.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_