

Student's Name \_\_\_\_\_ SSN: \_\_\_\_\_

Students who answer "no" to all the following questions are considered dependent according to federal regulations set by the U.S. Department of Education:

- Was born before January 1, 1987
- Is a Veteran of the U.S. Armed Forces or an Active Duty service member
- Is enrolled in a graduate/professional program beyond the Baccalaureate level
- Is an orphan or ward of the court, or an emancipated minor
- Is married on the date the FAFSA is completed
- Have dependents other than a spouse

Students who wish to appeal this dependency status must complete this worksheet and provide documentation supporting the request for appeal. Appeals will be reviewed upon receipt and will be granted when the student shows that there is significant and prolonged estrangement from the birth parents. A family's unwillingness to help financially support a student's educational goals is not a basis for appealing dependency status.

**INDEPENDENT STUDENT QUESTIONNAIRE**Provide an explanation for why you are estranged from your parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Provide an explanation of your living arrangements due to your estrangement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**INDEPENDENT STUDENT DOCUMENTATION**

You must provide documentation of the information provided for these questions in order for your request to be reviewed. Documentation may include protection from abuse orders, legal guardianship papers, death certificate of parent and/or any other information you have to substantiate your request.

You may also submit additional letters from other family members, high school guidance counselors, clergy members or anyone who can attest to your personal situation. All letters must include the person's name, address, telephone number and their relationship to you.

**CERTIFICATION AND SIGNATURE:**

By signing this form, I am giving the Office of Financial Aid permission to contact any person who provides documentation pertaining to my request and that the information I have provided is true and correct:

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return to: Office of Financial Aid  
201 Wood Street  
Pittsburgh, PA 15222-1984Phone: 412-392-3930  
Fax: 412-392-4795