

Office of Financial Aid  
**Request for Continuance of Dependency Override**  
2019-2020

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

Please read the following paragraph. If all statements are true, please sign this form and return it with the required documents. If not all statements are true, please attach a signed explanation.

- I am requesting a continuance of the dependency override approved for me last year by a Financial Aid Administrator at Bowie State University (BSU). The conditions, under which I was granted my appeal, related to my eligibility to receive financial aid, are the same as last year.
- I understand that if I give false or misleading information in connection with my application for Federal financial aid, the Office of Financial Aid reserves the right to cancel my aid and I will be responsible for any balance that may occur.

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

After completing your FAFSA application online, you must submit the following documents to our office:

- Request for Continuance of Dependent Override (this form)
- Completed 2019-2020 V1 Independent Verification Worksheet
- Signed copy of student's 2017 1040/A/EZ **OR** Tax Return Transcript from IRS; 2017 W-2s for non-tax filers; or written, signed statement if you did not file a tax return for 2017.

Please submit all information and documentation by mail, fax or in person to the Office of Financial Aid. The Appeals Committee will send written notification of its decision to you within two weeks after receipt of all documentation. Please note that additional information may be requested.

