



Office of Financial Aid
2025 - 2026 Request for Continuation of
Dependency Override
Federal Student Aid Programs

Complete this form if you were previously approved for a Dependency Override Request here at Bowie State University by a Financial Aid Administrator. Submission of the form serves as a request to continue your dependency override status and receive aid as an independent student. Your independent status can be revoked or discontinued if it is found that the circumstances outlined in your initial appeal were false or have changed.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
----------------------------	-----------------------------	-----------------------	---

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.

PLEASE NOTE: The purpose of a Dependency Override Request, **IF APPROVED**, is to change a student's status from dependent to independent. It **MUST NOT** be used (1) to make an otherwise ineligible student eligible for federal aid; 2) if your parent(s) are unwilling to provide financial data or support; 3) if you are self-supporting; or, 4) if your parents do not claim you on their income tax returns, or contribute towards your educational expenses.

A. Required Documents

If you wish to your dependency override status for the 2025-2026 award year, you must submit the following documentation in addition to this form:

1. Completed copy of the Independent Verification Worksheet V1 for 2025-2026.
2. Signed copy of your 2023 1040/A/EZ OR Tax Return Transcript from IRS; 2023 W-2s or 2022 non-tax filers statement; or written, signed statement if you did not file a tax return for 2023.
3. An Explanation of Income is required IF your wages earned in 2023 fell below the poverty guidelines of \$14,580 for one adult. This information allows you to outline how you met your needs in 2023.

B. Certification and Signature

By signing, you are certifying that all of the information reported on this worksheet is complete and correct.

Student's Signature: _____ **Date:** _____