LAKE SUPERIOR STATE UNIVERSITY			2025-2026
		15 #	Dependency Override
Stu	ident Name	ID #	Appeal
Howe stude will ne Revie with th	ding self-sufficiency and living on your own are not ver, if there is an unintentional, involuntary and un nt, Lake Superior State University may be able to eed a detailed written explanation and supporting of w the situations listed below and check the one the ne required documentation. Completing this form a change will be made. All information submitte	controllable break in the relati consider the student <i>independ</i> documentation. at best describes your situatio and providing the documentati	ionship between parents and dent. To make that determination we on. Sign the form and submit it along ion requested does not guarantee
SI A B C	here has been a breakdown in my family structure du upporting documentation: Letter from you fully explaining your situation, and Court documents, or Letter (on official letterhead) explaining the situation counselor, teacher, doctor, social agency or other Police reports	n in detail from a minister, socia	
(ir R (A. B. C.	 y custodial parent is deceased and my other parent is including financial support) for a significant period of tien equired supporting documentation: Letter from you fully explaining your situation, and A copy of the death certificate for the deceased cu Documentation of the custodial relationship (i.e., a deceased was the custodial parent, and Letter (on official letterhead) from a minister, socia agency or other counseling professional, which supthe non-custodial parent. 	me. stodial parent, and court document, a copy of the o I worker, psychologist, high sch	divorce decree, or other evidence) that the lool counselor, teacher, doctor, social
Re A	 y situation does not fit those listed above. equired supporting documentation: Letter from you fully explaining your situation and v Documentation which will give an accurate view of for an override and Signed copies of <u>your</u> Federal Income Tax forms. W-2 forms and any untaxed income.) and 	your past history and situation	that supports your explanation and request
D.	Provide a copy of your lease or other written housi	ing agreement, copies of utility l	bills and/or canceled checks showing that
	you pay for personal expenses.		
	Street Address:		
	City, State, Zip:		
	Phone Number:		

By signing this form I acknowledge that this information is factual and all materials have been completed to the best of my ability. I acknowledge that purposefully submitting false/misleading information may result in a fine, incarceration or both. F

Student Signature	Date	RETURN FORM with attachments to Lake Superior State University Financial Aid Office 650 West Easterday Avenue
	Sault Ste Marie MI /19783-1699	