

1108 Fremont Street, SSC 103 Stevens Point WI 54481 PH: 715-346-4771; FAX: 715-346-3526 Email: finaid@uwsp.edu

Dependency Override Renewal Request 2025-2026

Student Name	Student ID Number
Address	Phone Number
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Section B: Instructions	
A student with an approved Dependency Override for federal criteria for independent status on the 2025-20 may submit this renewal form for review and determinallows financial aid administrators to make dependence special situations.	26 Free Application for Federal Student Aid (FAFSA) nation of special situations. The Higher Education Act
Please follow the steps below to be considered for a renot be reviewed unless all requirements are met.	enewal Dependency Override. Your application will
 Complete a Free Application for Federal Student Aic Complete the certification in Section C below. Return this form and any updated supporting documents. 	
Section C: Certification	
I am requesting consideration for a renewal dependen	cy override at UW-Stevens Point.
I certify that my family situation remains the same as tindependent student for financial aid purposes. I undeabove address for my financial aid to be processed. Ele	erstand that I must sign and return this form to the
Student Signature	