



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**  
**Request for Dependency Override Renewal**  
**2023-2024**

Please return this completed form to:  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

A student with a previously approved Dependency Override prior to the 2023-2024 Academic Year at Louisiana Tech University and who does not meet the federal criteria for independent status on their 2023-2024 FAFSA may submit this renewal application to determine if the extenuating circumstances established in the prior year still exist.

Please complete the renewal request and provide all required documentation. Submission of this request and documentation does not necessarily mean that the petition will be approved; each determination is made on a case by case basis.

**The decision of the Office of Financial Aid is final and cannot be appealed to the Department of Education.**

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

**Required Documentation:**

Student Statement	<ul style="list-style-type: none"> <li>A written or typed letter, <b>with your name, date, and PHYSICAL signature</b>, that explains in detail the exceptional circumstances which make you independent due to your current relationship with your parents.</li> <li>The letter must specify: <ul style="list-style-type: none"> <li>- When you last had contact with each parent</li> <li>- How you have been supporting yourself</li> </ul> </li> </ul>
Tax Forms	<ul style="list-style-type: none"> <li>2021 IRS Tax Transcript (if you are required to file)</li> <li>2021 Non-Filer's Statement (if you are not required to file)</li> <li>2021 W-2 forms (if you did work and didn't file a tax return or if you did work and filed a tax return)</li> </ul>
Financial Aid Forms	<ul style="list-style-type: none"> <li>Verification Worksheet</li> <li>Verification of Low Income Worksheet</li> </ul>

**NOTE: We may require additional documentation if needed.**

**Certification:**

By signing this renewal request, I certify that all of the information provided is complete and correct. I further certify that my family situation remains the same as the previous year. I am requesting to be considered as an independent student for financial aid purposes.

Student Signature:

Date:

FOR OFFICE USE ONLY

This renewal is      APPROVED                  DENIED

Comments:

Financial Aid Signature:

Date: