



# WEST LIBERTY UNIVERSITY

Office of Financial Aid  
208 University Drive  
College Union Box 124  
West Liberty, WV 26074

Phone: (304) 336-8016  
finaid@westliberty.edu

## 2025-2026 WLU Dependency Override Form

_____	_____	_____	_____
Last Name	First Name	M.I.	WLU Student ID
_____		_____	
Address		Date of Birth	
_____		_____	
Email Address		Cell Phone Number	

### General Information for Requesting a Dependency Status Override

The Higher Education Act allows a financial aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. A student who does not meet the federal criteria for independent status on the 2025-2026 Free Application for Federal Student Aid (FAFSA) may submit this form, along with supporting documentation, if they believe that unusual circumstances exist for granting them a dependency status override.

**Per Federal Regulations, the following situations, in and of themselves, DO NOT automatically qualify a student as independent for financial aid purposes:**

- Parents refusal or unwillingness to contribute to your education
- Parents not claiming you on their tax return
- Not living with parents
- Demonstrating student self-sufficiency

### Instructions

To be considered for a dependency override, you **MUST** provide the information listed below, which will be kept in your confidential student file. Override requests will not be considered until all proper documentation is received.

- 2025-2026 FAFSA**
- Personal Statement by Student** – One a separate page, please tell us in your own words about your situation. Include detailed descriptions of the events, and approximate dates of those events, that led to your independence from your family. Also, please explain your current living situation and how you are financially supported.
- Third Party Statement** – Attach a statement signed and dated from a third party (example counselor, social worker, medical provider, or other professional) explaining your unusual circumstance and knowledge concerning your relationship with your parent or parents.
- Additional Supporting Documentation (if applicable)** – Attach a copy of any relevant supporting documentation (example court documents, legal documents, medical records, or police reports).

### Affirmation Statement

My signature below indicates the information on this form and supporting documents, if included, are true and accurate to the best of my knowledge. If my unusual circumstances change at any time, I will make the Financial Aid Office aware of those changes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_