

prior to any professional judgment being granted.

DEPENDENCY OVERRIDE REQUEST FOR PROFESSIONAL JUDGEMENT

Student Name:	e: ID: 770	
Permanent Stre	reet Address:	_
City/State/Zip:	o:	
Permanent Pho	none #: ()	
Academic Year	ar:	
Type of Profess	ssional Judgment:	
[Dependency Change (Dependent to Independent only)	
Your re	request will need to include the following:	
0 0	Most recent pay stubs for student Any other documentation that supports your circumstance	plaining
circumstances t Education Fede Helena College Aid Director if i	ng that the Financial Aid Director at Helena College University of Montana consider as to determine if I may be eligible for a professional judgment according to the Depa deral Regulations. This determination may allow my financial aid eligibility to change ge University of Montana only. I agree to provide any documentation requested by the fit can be obtained. I understand that this decision is made by the Financial Aid Director of the contact of the	rtment of e at the he Financia
Student Signa	nature Date	

RETURN DOCUMENTATION TO AND CALL FOR QUESTIONS:

This form and any required/requested documentation must be given to the Helena College Financial Aid Office

FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601 406-447-6916, www.helenacollege.edu



Dependency Override Request

Student Name:	ID //0
educational costs. These rules are explained in under those rules, the Financial Aid Administra	ed which students shall be considered independent of parental support for in the Free Application for Federal Student Aid (FAFSA). If you do not qualify ator may consider, under professional judgment, exceptional circumstances that decision rendered from an office applies only to the school that makes the
•	ular rules for independent status, but my situation is such that I would like to be nd that the unwillingness of a parent to provide support or the choice of a le reasons to make this request.
Attach a detailed description of your unique ci documentation:	rcumstances. Include the following information and attach appropriate
and any financial support from them w	our parents (include location of both parents, description of most recent contact, within the last two years). ave supported yourself for the past two years.
	ion from two individuals such as foster parents, members of the clergy, social aship with your parents. Statements from parents <u>cannot</u> be accepted.
Name of Individual	Job Title or Relationship to Student
subject to further documentation. Any deci	professional judgment of the Financial Aid Director. This request may be ision is final and applies only to Helena College University of Montana. I Financial Aid Office before I file each year to maintain my independent
Signed:	Date:
If you purposely give false or misleadir subject to a \$10,000 fine, a prison ser	ng information to help establish eligibility for federal student aid, you may be