

SECTION A: STUDENT INFORMATION

Student Last Name

Student First Name

UOG Student ID

Phone Number

SECTION B: INDEPENDENT STUDENT

Federal Regulation (Public Law 102 – 325, Sec. 480(d)) require that the Financial Aid Office consider parent information and expect parent contribution for students. You are considered an independent student for financial aid purpose if you meet any ONE of the following criteria at the time you first completed and signed your 2026 – 2027 FAFSA.

- You were born before January 01, 2003.
- Both of your biological or adoptive parents are deceased.
- You are married.
- You are a veteran or active duty in the U.S. Armed Forces.
- You were admitted to a master’s or doctorate program for the 2026-2027 academic year.
- You have a child or children for whom you provide more than 50% financial support to.
- You have legal dependent(s) other than children who live with you and for whom you provide more than 50% financial support to.
- You were a ward of the court or in foster care at any time from age 13 or older. Incarceration in a youth detention center or group home does **not** meet this requirement.
- You are or were in court-appointed legal guardianship until you reach the age of 18.
- You were declared by a court in your state of residence to be an emancipated minor.
- You were determined to be homeless or unaccompanied youth or at risk of becoming homeless on or after July 01, 2026, by a school district homeless liaison, a director of an emergency shelter, or transitional housing program funded by the U.S. Department of Housing and Urban Development, or a director of runaway or homeless youth basic center or transitional living program.

If you meet any one of the above criteria, you DO NOT need to complete this form. However, the Financial Aid Office may ask you for documentation verifying your status.

If you meet any ONE of the above criteria and you were not determined to be independent on your FAFSA Submission Summary (FSS), please check your FAFSA information to make sure it is current.

Reasons for Appeal

Many students feel they should be considered independent because they currently live on their own, they support themselves, their families cannot afford to help them with college expenses, their parents do not claim them on their income tax, or their parents are unwilling to complete the FAFSA. However, **these alone are NOT adequate reasons for a dependency override**. A dependency override will only be granted if there are verifiable extenuating circumstances that prevent a student from having contact with their parents.

Some examples of extreme, unusual circumstances:

- Abusive family environment (physical, mental, sexual abuse, or other forms of domestic violence).
- Abandonment by parents (usually in cases of one or more years).
- Incarceration or institutionalization (mental and/or physical illness) of both parents.
- Incarceration of the only custodial parent.
- Parents' whereabouts are unknown or parents cannot be located.
- An unsuitable household (child was removed from household and placed in foster care).
- Other extenuating circumstances that can be sufficiently documented,
- History of neglect due to prenatal alcohol or drug abuse.
- Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions of 'Abandonment' by parent, abusive family environment, or history of neglect due to parental alcohol or drug abuse.

Please note that the federal guideline regarding dependency overrides clearly indicates that the following situations **DO NOT** qualify as extenuating circumstances and therefore would **NOT** result in a dependency override:

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the FAFSA or for verification.
- Parents not claiming students as dependent for income tax purposes.
- Student demonstrates total self-sufficiency.
- Student does not live with their parents and/or the student, and parents are having a temporary disagreement.

I have read and understood Section B and the Reasons for Appeal outlined in the forms.

Student Signature: _____

Date: _____

SECTION C: INSTRUCTIONS

Please follow the steps below to be considered for Dependency Override. Your application will not be reviewed unless **ALL** requirements are met.

1. Complete the certification on this form.
2. Attach a typed personal statement that summarizes the unusual circumstances with your name, student ID number, date, and signature. Your statement should include the following information: (1) last date and nature of parent contact, (2) location of **both** parents, (3) why you cannot obtain information and/or support from **both** parents and (4) how you have supported yourself in the last calendar year. Also explain your current living arrangement and means of financial support.
3. **Notarized** your personal statement by having the attached The Notary's Certificate of Acknowledgement completed by a notary.
4. Attach three (3) certified personal statements by professional third parties. Professional third parties can include clergy, counselor, teacher, lawyer, etc. A personal acquaintance or family member is **NOT** considered a professional third-party reference.
5. Attach copies of any relevant supporting documents (e.g., court documents, legal documents, or police reports).
6. Completed Free Application for Federal Student Aid (FAFSA) online if not already submitted.
7. **Return all documents to the Financial Aid Office.**

SECTION D: CERTIFICATION AND SIGNATURES

FEDERAL WARNING: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$10,000.00 or imprisonment of up to five years or both under provision of the U.S. Code.

I declare under penalty of perjury that all information reported on this form and all information reported in the 2026-2027 Free Application for Federal Student Aid (FAFSA) which will be used to qualify for state and federal aid is true, complete, and accurate.

I am requesting a Dependency Override at the University of Guam. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment, or neglect. I request to be considered as an independent student for financial aid purposes and have attached required documentation to this form. I understand that I must sign and return this form for any financial aid to be processed. **Electronic signatures are not acceptable.**

I have read and understood Section C and D. In compliance with federal regulations, the UOG Financial Aid office reserves the right to request additional information to clarify conflicting application data.

Student Signature: _____

Date: _____



Financial Aid office
Dependency Override Request
2026 - 2027

STUDENT DEPENDENCY OVERRIDE PERSONAL STATEMENT

Student Last Name Student First Name UOG Student ID Phone Number

Please detail all required information as instructed in Section C number 2. Attach a separate letter for additional space.

I certify that all information contained in this form is true, complete and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not acceptable.

Student Signature: _____ Date: _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

Student Last Name	Student First Name	UOG Student ID	Phone Number
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The student must provide the institution with a completed Notary Certificate of Acknowledgement of their personal statement. Student must present the notary with an unexpired valid government issued photo ID, such as, but not limited to, a driver's license, other state – issued ID, or passport.

In the state of _____ and City/County of _____

On _____, before me, _____
 (Date) (Notary's Name)

Personally appeared, _____, and proved to me because of satisfactory
 (Printed name of signer)

evidence of identification _____ to be the above-named person who signed the
 (Type of unexpired government-issued photo ID presented)

Foregoing instrument.

WITNESS my hand and official seal _____ My commission expires on _____
 (Notary's Signature) (Date)

By signing this worksheet, we certify that all information reported is true, complete and accurate. We further understand that providing false or misleading information may result in being fined, jailed, or both.

Student Signature: _____ Date: _____

Professional Statement by a Third Party

Student Last Name Student First Name UOG Student ID Phone Number

Third Party Last Name		Third Party First Name	
Third Party Phone Number		Third Party Email Address	

How long have you known the student? _____

What is your relationship with the student? _____

With whom does the student reside? _____

Please explain the student’s relationship with their biological or adoptive parents. Attached a separate letter for additional space.

I certify that all information contained in this form is true, complete and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not acceptable.

Third Party Signature: _____ Date: _____

Student Signature: _____ Date: _____

Professional Statement by a Third Party

Student Last Name Student First Name UOG Student ID Phone Number

Third Party Last Name		Third Party First Name	
Third Party Phone Number		Third Party Email Address	

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I certify that all information contained in this form is true, complete and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not acceptable.

Third Party Signature: _____ Date: _____

Student Signature: _____ Date: _____

Professional Statement by a Third Party

Student Last Name Student First Name UOG Student ID Phone Number

Third Party Last Name		Third Party First Name	
Third Party Phone Number		Third Party Email Address	

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I certify that all information contained in this form is true, complete and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not acceptable.

Third Party Signature: _____ Date: _____

Student Signature: _____ Date: _____