



Office of Financial Aid and Scholarships • Indiana University South Bend • P.O. Box 7111 • South Bend, IN 46634-7111  
Phone: (574) 520-4357 Fax: (574) 520-5561 Email: sbfinaid@iu.edu Website: financialaid.iusb.edu  
Securely upload required documents/forms: go.iu.edu/FAsecure

You previously had a Dependency Override approved by our office; therefore, you must complete, print, sign, and submit this recertification to the Office of Financial Aid and Scholarships. (Failure to provide truthful and accurate information on this form will jeopardize your eligibility for financial aid.)

**Student Name** \_\_\_\_\_ **Student ID Number** \_\_\_\_\_

During the last academic year, your request to change your dependency status was approved. In order to maintain that change, federal regulations require annual recertification. Provide a brief description to each of the following questions. If additional space is needed, attach a typewritten statement to this form.

1. Will you be a Graduate student for the 2024/25 award year?  
YES \_\_\_ Questions 2-5 do not apply. Sign, date, and return this form to our office.  
NO \_\_\_ Continue completing this form.

2. Explain why you initially requested a change of dependency status.

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3. Explain your current living arrangements.

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4. Describe your current financial situation (work, money received or paid on your behalf).

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5. Explain your current relationship or contact with your biological parents.

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**Affirmation Statement: I certify that all information and all documentation submitted to support my appeal are true to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date