



2025-2026 Dependency Status Appeal Application

This form is to be used by students with unusual circumstances they feel warrant a review of their dependency status. **Please note the following circumstances DO NOT merit a dependency override:** parents refusing to contribute to student’s education or complete a FAFSA, parents not claiming the student on their taxes, or the student demonstrating self-sufficiency.

A. Student Information

Student’s Full Name

ODU Student ID Number **or** Last 4 of SSN

Student Phone Number (Including Area Code)

Student Email Address

B. Submit the Following Documentation:

1. A 2025-2026 Free Application for Federal Student Aid completed with only the student information. Remember to include ODU’s school code: 003035.
2. Third party documentation from professionals (on their letterhead) documenting their first-hand knowledge of your unusual circumstance. The Financial Aid Office may contact these references for additional information or clarification of your situation.
 - o Professionals include: clergy, counselors, social workers, police, physicians, etc.
 - o Letters should be detailed and refer to actual events – they should not be reiterations of events you have shared, but should reflect the writer’s knowledge

C. Personal Statement

- Attach a clear and concise explanation of your unusual circumstance. Your signed and dated statement must include a complete history of:
 - o Your relationship with your biological and/or legally adoptive parents
 - o Specific dates of events that caused your separation from your parents
 - o Where you have lived since separating from your parent
 - o Your sources of income and your annual expenses for 2025
 - o How you have supported yourself while living apart from your parents

D. Certification and Signatures

I certify all information included with this form is true and complete to the best of my knowledge. I understand that completion of this form does not ensure a change in my dependency status or receipt of additional financial aid. I also understand the decision of the Appeals Committee is final and cannot be changed.

Student’s Signature: _____ **Date:** _____

Submit completed form to:

Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219
Phone: (614) 251-4778 Fax: (614) 253-3499