

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARIINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634

WWW.FINANCIALAID.CMICH.EDU

2024-2025 DEPENDENCY OVERRIDE RENEWAL

Student Last Name (please print)	Student First Name (please print)	Campus ID Number
VERIFICATION OF NO CHANGE I	N STATUS	
changed your status since that time to the Central Michigan Univeristy's	Please verify your continuing mitigating of Office of Scholarship and Financial Aid alo that describes your circumstance. If none	ast year, you need to verify that nothing has ircumstance(s) below and submit this forming with your FAFSA. Review the reason for of these circumstances describe your
Examples:	or drug abuse	
Death of a parent after filing the	FAFSA and the surviving parent meets one	of the conditions listed above.
your parents currently reside in a	ed States of America (who is otherwise elig a foreign country. However, you are unable or civil unrest in your parent's country of	e to communicate with your parents because
	you were married. You now maintain a se	a residence apart from you and your former parate residence from your parents and pay
CERTIFICATION AND SIGNATUR	E	
	certify that the information I have provided owledge. If requested, I agree to provide d	d on this form and on all documents is true ocumentation to support the above
 Student Signature (Handwritten Re	quired OR ELECTRONIC USING GLOBAL ID) Date