

## **Division of Enrollment Management**Office of Financial Aid

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## 2024-2025 Request for Unusual Circumstances Review

Most students entering Stevens are considered dependent students for financial aid purposes. This means your parents must provide their financial information on the Free Application for Federal Student Aid (FAFSA). However, Stevens recognizes that you may face challenging family circumstances and need to request reconsideration of your dependency status. This review is performed on a case-by-case basis for students with unusual circumstances which can be documented via a third party such as but not limited to police reports, letter form a medical professional, statement from a high school guidance counselor familiar with the circumstances.

## The following are examples of unusual circumstances that may be considered for a dependency override:

- An abusive family environment
- Abandonment and/or estrangement by parents
- Incarceration or institutionalization of both parents
- Parents cannot be located

**Student Signature:** 

The following circumstances would **not** be considered for a dependency override:

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the FAFSA
- Parents do not claim the student as a dependent for income tax purposes
- Parents reside in another country

If you are requesting a review of unusual circumstances warranting a change in dependency status, please provide complete the form below and attach third-party documentation.

SECTION 1: STUDENT INFORMATION - (TO BE COMPLETED BY STUDENT)	
Student Name: CWID: Address:	Phone Number:
SECTION 2: THIRD PARTY DOCUMENTAT	ION
Attachment 1:	
Attachment 2:	
Attachment 3:	
SECTION 3: CERTIFICATION	
I attest that all the information on th best of my knowledge.	is form and any accompanying documentation is accurate and complete to the

Date:

## SECTION 4: PERSONAL STATEMENT Please provide as much detail as possible so that an administrative may appropriately assess your unusual circumstances. All information provided will remain confidential.

Date:

**Student Signature:**