



Financial Aid Office  
 1355 West Highway 10, Anoka, MN 55303  
 Phone: 763.576.4760  
 Fax: 763.576.4771

## 2008-2009 Request for Independent Status

**Federal regulations do not allow independency appeals based on the ability of a student to pay his/her own bills, a student not being claimed as an exemption on a parent tax form, or parental refusal to pay for college.**

For the 2008-2009 academic year, you are considered an Independent student only if **AT LEAST ONE** of the following criteria applies to you:

- You were born before January 1, 1985.
- You will be enrolled in a master's or doctorate program at the beginning of the 08-09 school year.
- You are married as of the day you apply (or separated but not divorced).
- You have children who receive more than half their support from you.
- You have dependents (other than your children or spouse) who live with you and who receive more than half their support from you at the time you apply and through June 30, 2009.
- You are a veteran of the U.S. Armed Services. (es on the FAFSA.)

Requests for independent status are considered for students with documented extenuating family circumstances. Examples of extenuating circumstances include an abusive home situation or abandonment by both parents. All information submitted is confidential.

### A. STUDENT INFORMATION (please print clearly)

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID or Social Security Number
_____			_____
Address (Include Apartment Number)			Date of Birth
_____	_____	_____	_____
City	State	Zip	Phone Number (include area code)

### B. APPEAL PROCESS

1. **Attach a signed statement from you that details the situation between you and your parents.** (If you have an approved appeal from a prior year, briefly explain how your current situation has or has not changed and attach your statement to this form.)
2. Obtain letters from **two adult professionals (not family members)** who can verify the situation between you and your parents. **Do not provide letters of personal recommendations.** Adult professionals include clergy members, attorneys, school counselors, doctors, mental health professionals, teachers, law enforcement officers, officers of the court and social workers. The letters must be typed on letterhead and include the professional's name, address, and phone number.
3. **Attach your completed 2008-09 FAFSA (if you have not already submitted it)**

### C. FINANCIAL AID OFFICE USE ONLY

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Additional Information Needed: \_\_\_\_\_

FAO Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_