



UTTyler
THE UNIVERSITY OF TEXAS AT TYLER

Dependency Override Renewal

Student Name: _____
(Last, First, MI)

Student ID: _____

Please follow the steps below to be considered for a renewal Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification below.
2. Complete a paper Free Application for Federal Student Aid (FAFSA), if not already submitted.
3. Return all documents to our office.

I am requesting consideration for a renewal Dependency Override at the University of Texas at Tyler. I certify that my family situation remains the same as the previous year. I request to be considered as an independent student for financial aid purposes. I agree to provide any additional documentation requested but the University of Texas at Tyler. I understand that I must sign and return this form and any additional documentation for my financial aid to be processed. **Electronic signatures are not accepted.**

Signature: _____

Date: _____

Office of Financial Aid
3900 University Blvd., Tyler, Texas 75799
www.uttyler.edu/financialaid/
Phone (903) 566-7180
Fax (903) 566-7183