AUBURN UNIVERSITY STUDENT FINANCIAL SERVICES
2022-23 DEPENDENCY APPEAL FORM AND INSTRUCTIONS

1. Students who wish to submit a request for Dependency Appeal should contact our office. This can be done by sending an email to woodsab@auburn.edu with a brief description of your reason for requesting the appeal. We will then create a task for this request on your Student Forms Portal (accessible thru AU Access on your My Finances or Admitted Student tab) so that you can upload and submit required documentation there.

2. After we have added the task for you, you will need to register your account on your Student Forms Portal if you haven’t already done so. Then you can access your task for appeal where you can fill out the form and upload your supporting third party documentation.

Name _____________________________________ Student ID Number _____________________

You should submit this form if you have compelling extenuating circumstances that will enable you to be considered as an independent student. Please provide a personal statement explaining the extenuating circumstances that you believe warrant a review of your dependency status.

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When did you last have contact with your biological parents? When did you last receive support from your biological parents?

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Please request letters of support from THREE third-party individuals who are not family members that will verify the severe family circumstances you have described in your explanation. These individuals may include clergy members, guidance or family counselors, mental health professionals, law enforcement officers, physician, or employees from social services in your state. All letters must include detailed information regarding how they have been involved in your situation. Please note that professional references must be written and signed on agency letterhead to be considered acceptable documentation for your request.

Signature and Certification: By signing this document, I certify that all the information provided to Auburn University contained in this application for independent consideration is true and complete to the best of my knowledge.

_________________________________________ __________________________________
Student Signature     Date