

# Dependency Override Form

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

I request to be considered as an Independent Student because of my family situation stated on the attached documents. (Please attach all documents to this form) **Return to: Morris College, Office of Financial Aid, 100 W. College Street, Sumter, SC 29150 (Fax: 803-773-3687)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**Do not write below this line (for office use only)**

\_\_\_\_\_ Request Approved

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Request Disapproved

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Financial Aid Director's Signature

\_\_\_\_\_  
Date