



2021-22 Dependency Override - Renewal

Student Name _____

Date of Birth _____

Telephone _____

ETBU Student ID _____

I am requesting consideration for a Dependency Override Renewal at East Texas Baptist University. I certify that my family situation remains the same as the previous year. I am requesting to be considered as an independent student for financial aid purposes.

Student Signature

Date

ETBU Financial Aid Office Use Only

Approved

Documentation on File

ISIR Correction Made

Date _____

FAA _____