



## 2022-23 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 \_\_\_\_\_