



Unusual Circumstances 2026-27 Dependency Change – Renewal

Student Name _____

Date of Birth _____

Telephone _____

ETBU Student ID _____

I am requesting consideration for an Unusual Circumstance 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 _____

Return this form and any attachments to:

Office of Financial Aid – East Texas Baptist University | One Tiger Drive, Marshall, TX 75670 | Phone: 903-923-2138

Email: financialaid@etbu.edu | Fax: 903-934-8120