



*Adrian College*

**2018-2019 Petition for Independent Status Form**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Students may appeal their dependency status only when they have severe circumstances within their family that may prevent them from obtaining their parents' financial information.

**None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting approval of an Independent appeal:**

1. Parents refuse to contribute to the student's education.
2. Parents are unwilling to provide information on the FAFSA or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Please give a brief description of your circumstances: \_\_\_\_\_

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**In order to be considered for an independent status you will be required to submit all supporting documentation.**

*I certify that all of the information on this form and all other documentation provided with regards to my appeal are true and complete to the best of my knowledge. I also agree to provide additional documentation, if required, to complete my appeal or document how my living expenses are being met. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date