



CALIFORNIA STATE UNIVERSITY, LONG BEACH

12-13 FSOADO

Student Name: \_\_\_\_\_

Campus ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**2012 – 2013 Dependency Override RENEWAL Request**

*This Request is only for those students who had an APPROVED Dependency Override at CSU Long Beach for 2011 – 2012.*

*A student with an APPROVED Dependency Override for the 2011-2012 aid year at CSU Long Beach who does not meet the federal criteria for independent status on the 2012-2013 FAFSA may submit this Dependency Override Renewal Request. Upon receipt of your request, our office will determine if circumstances continue to exist for granting a dependency status override. **File your 2012-2013 FAFSA PRIOR to submitting this form.***

**STEP 1: PERSONAL STATEMENT**

**Personal Statement:** In the space below, provide a detailed explanation of the unusual & extenuating circumstances that remain unchanged, which led to your approved dependency override during 2011-2012.

**STEP 2: STUDENT CERTIFICATION**

I certify that the information provided on this form and all accompanying attachments is true and complete. I understand that if my Dependency Override Renewal Request is approved additional documents may be required to complete my financial aid application (once CSULB has updated my FAFSA to reflect my Independent Status). I am responsible for submitting all requested documents in a timely fashion.

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

Date \_\_\_\_\_

**Return This Form and Supporting Documentation:**

**By Mail:**

CSULB Office of Financial Aid  
1250 Bellflower Blvd.  
Long Beach, CA 90840-0106

**By FAX:**

(562) 985-4973  
**“Attention: Financial Aid”**

**In Person:**

Office of Financial Aid  
101 Brotman Hall,  
Financial Aid Window