

STUDENT NAME:		STUDENT ID:		
ADD	RESS:			
	STREET OR PO BOX	CITY	STATE	ZIP
INS	TRUCTIONS			
	nplete this form if you were approved for a Dependency nain the same during the 2023-2024 academic year.		and your situa	ation will
CE	RTIFICATION STATEMENTS			
Ori	ginal dependency override documentation was subr	mitted during which academic year? 20	20	
Circ	ele the appropriate response to each question below.			
1.	Did you resume living with your biological or adoptive p	parents in the past year?	Yes	No
2.	Will your biological or adoptive parents claim you as a	dependent on their 2023 federal tax return?	Yes	No
3.	Did your biological or adoptive parents provide you with any part of your college expenses, including housing or		Yes	No
4.	Have any circumstances used to approve your original written statement that includes details of the changes to granted a dependency override.		Yes	No
CE	RTIFICATION AND SIGNATURE			
	rtify that all information in this appeal, including my state		•	
	ny knowledge. I swear or affirm that I have not knowing the knowledge. I understand that if I am found to have known.			
	umentation, my appeal will be denied, and my eligibility			
	eral regulations stipulate that evidence of fraud must be he Office of the Inspector General and possible prosecu	·	or possible inv	estigation/
	thorize Wayne Community College to make any change erstand that I may submit only one request per academ		•	
STU	DENT SIGNATURE	DATE		

NOTE: An approved dependency override does not automatically qualify a student eligible for more financial aid