

Columbia College - Dependency Override Continuation Request 2026-2027

Student's Name: _____

Student ID: _____

 Address: _____

Street
City
State
Zip Code

Phone Number: _____

Date of Birth: _____

Student's Present Living Arrangements:	☐ I live with my parent(s). ☐ I live with a friend or relative (other than parents) and do not pay rent. ☐ I live by myself or with roommates and pay \$_____ per month for rent and utilities.
Dependency History:	When did your parents last provide any monetary support to you? _____ When was the last time you had contact with your parents and how often? _____ Have there been any changes in your relationship with your parent(s) since your original dependency override request was submitted? ☐ No ☐ Yes If yes, please attach explanation giving details of the changes that have occurred making sure to included dates.
I certify that the information provided on my original Dependency Override has not changed. I still am not unable to resume contact with my parent nor do I have any monetary or emotional support from them. I understand that if my situation changes in any way, if I move back with my parent(s), or receive any kind of support from them, I must report this information to the Financial Aid Office immediately. Additionally, I understand that false or misleading information will be cause for denial or repayment of financial aid and that reporting such false or misleading statements may result in fines or imprisonment or both. Student's Signature: _____ Date: ____/____/____	
FOR OFFICE USE ONLY: Based upon professional judgment, this petition has been Approved ☐ Denied ☐ Comments: _____ _____ _____ _____ Financial Aid Administrator _____ Date _____	