

Unusual circumstances may include, but are not limited to:

 Email:
 finaid@cnu.edu

 Phone:
 (757) 594-7170

 Fax:
 (757) 594-7113

 Mail:
 1 Avenue of the Arts, Newport News, VA 23606

Unusual circumstances do not include:

## 2026-2027 Request for Dependency Override

Dependency overrides are intended for students who are unable to provide parental information on the Free Application for Federal Student Aid (FAFSA) due to unusual circumstances beyond their control.

<ul><li>environment.</li><li>You have been abar your parents and ha</li><li>You were granted re</li></ul>	due to an abusive or threatening doned by or estranged from ve not been adopted. If the state of a sylee status and are reparents, or your parents are n country.	<ul><li>Parer</li><li>the F</li><li>Parer</li><li>depe</li><li>Parer</li></ul>	ent demonstrates total self-sufficiency. Ints are unwilling to provide information on AFSA or for verification. Ints do not claim the student as a Indent for income tax purposes. Ints refuse to contribute to the student's Ints ation.
You are otherwise u	nable to contact or locate your		
parents and have no	t been adopted.		
Section A: Student Inform	nation		
Last Name	First Name	MI	Christopher Newport Student ID #
Section B: Required Docu	montation		
A dependency override due to unusual circumstances <u>must</u> be supported by a student statement and additional third-party documentation. <u>Required</u> third party documentation is outlined below. Students should also consider submitting any additional documentation, if applicable, such as police reports, court documentation, or social agency reports.  Checklist of required documents (all letters must be signed and dated):			
A letter from you, the student, explaining your situation in detail.			
A letter from an independent third party such as a relative, neighbor, or other person who can verify your situation			
A letter on official letterhead from a professional who can verify and explain your situation in detail. Professionals			
may include, but are not	limited to, a social worker, guidan	ce counselor,	minister, doctor, or teacher.
<u>Please note</u> : Requests will not to the Office of Financial Aid.	t be reviewed until this form and a	ll required do	cumentation (above) has been submitted
Section C: Signature ( <u>must</u> be written signature, not electronic)			
The individual signing below certifies that all of the information reported is complete and correct.			
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.			
Student Signature:			Date: