



## 2024-2025 REQUEST FOR DEPENDENCY STATUS CHANGE

This form must be accompanied with the supporting documents requested on this form. This request is only valid for Fall 2024, Spring 2025, and Summer 2025 semesters.

Documents received after priority deadline do not guarantee aid will be available before 1<sup>st</sup> class day. It is recommended that alternative payment arrangements are made to avoid interruption in classes.

**Fall Priority Deadline: July 15, 2024**  
**Spring Priority Deadline: October 15, 2024**

**DEMOGRAPHIC INFORMATION** *(Please Print Clearly)*

**Applicant's Name:** \_\_\_\_\_ **UTPB ID** \_\_\_\_\_

**Phone #:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **SSN (Last 4 digits only):** \_\_\_\_\_

A Dependency Status Change requires a student to document unusual circumstances that make it inappropriate to expect a parental contribution for the student. The following conditions on their own or in combination **do not** qualify as unusual circumstances:

1. Parents refusing to contribute to the student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents not claiming the student as a dependent for income tax purposes;
4. Students demonstrating total self-sufficiency.

You must answer the following questions:

1. Do you communicate with your parent or parents?  Yes  No.
2. Do you live with a parent or relative?  Yes  No.
3. Do you know where your parents live?  Yes  No.
4. Have you been a victim of domestic violence?  Yes  No.

**Required Documentation:**

1. On a separate sheet you must provide a written description of your relationship with your parent(s)—where and who you live with, where your parents reside, and a description of domestic violence if you answered Yes to question 4.
2. In addition to the written description above you must provide written documentation (signature and date included) from two third party sources who are familiar with your unusual circumstances. (i.e. Clergy, Landlord, Doctor, High School or College Counselor, etc.). Relatives are not acceptable.

**Acknowledgement:**

By signing this form I acknowledge that the information is true and accurate to the best of my knowledge. I understand that the decision by the OSFA is final and there are no appeals.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Financial Aid Use Only**

Action Taken:  Approved  Denied Date: \_\_\_\_\_ FAO Signature: \_\_\_\_\_

FAO Written Determination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Return this completed form with any required documentation to:  
Office of Financial Aid & Scholarships, University of Texas at Permian Basin – 4901 E. University Blvd. Odessa TX 79762  
Fax to (432) 552-2621 or save and attach as PDF and Email to [finaid@utpb.edu](mailto:finaid@utpb.edu)*

*Return this completed form with any required documentation to:  
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