



FINANCIAL AID & SCHOLARSHIP OFFICE
1000 East Victoria Street
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

REMINDER: When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarship Office. Forms that are incomplete will remain on your To-Do-List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type or sign your name and in the date space type today's date.
2. **Save your document and be sure to include your name and CSUDH Student ID# within the file name.**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page > go to the **blue Dropbox Folders** section > **select the icon that corresponds with your last name** > use the "Add Files" or "drag and stuff here" option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660



FINANCIAL AID & SCHOLARSHIPS OFFICE

1000 East Victoria Street
Carson, California 90747
(310) 243-3691

Student's Name: _____

CSUDH ID#: _____

2023-2024 Dependency Override Request Form

If you are unable to provide parental information (biological or adoptive) due to unusual circumstances, complete this form and submit the required supporting documentation for consideration of an independent status for financial aid purposes. Please upload all documents electronically using the Financial Aid Dropbox located at csudh.edu/financial-aid/forms/. *Emailed documents will not be accepted.* Please be advised that the information provided along with this form is held in the strictest confidence and will be used to determine the outcome of your request.

If you were previously approved for a Dependency Override with CSUDH and your circumstances have not changed, please check this box, sign, and date below. No additional documentation is needed.

Circumstances to which consideration may **not** be given are as follows:

- Parents refusing to contribute to your education.
- Parents unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) or for verification.
- Parents not claiming you as a dependent for income tax purposes.
- Your demonstration of total self-support.

Attach the following statements for consideration:

1. A personal statement explaining the reason for this request. Your statement should provide as much information as possible describing your separation from both of your parents. Please include the following information:
 - The whereabouts of **BOTH** parents including their current living arrangements (if known).
 - Your current living situation.
 - The reason you cannot provide parental financial information on your FAFSA or CADAA for the 2023-2024 year.
 - Be sure to include your name, student ID number, and signature.
2. Two (2) signed statements from individuals who can attest to your situation. These letters must provide specific information describing your separation from both your parents. These persons must be able to provide statements of their own first-hand knowledge and/or awareness.
 - One letter on official letterhead from a professional that is not related to you. For example, a counselor, socialworker, clergy, or peace officer, etc.
 - A second letter from a family member (for example: Grandparent, uncle, aunt, or sibling).

CERTIFICATION AND SIGNATURE

By signing below, you certify that all of the information reported is complete and correct.

Student's Signature: _____

Date: _____

WARNING: Per the U.S. Department of Education and the State of California, if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.