



## 2025-2026 Unusual Circumstances (Dependency Override) Renewal Form

A student with a previously approved Unusual Circumstance appeal for the 2024-2025 aid year at UW-Whitewater and who does not meet the federal criteria for independent status on the 2025-2026 Free Application for Federal Student Aid (FAFSA) may submit this renewal application AND a statement documenting current status to determine if the extenuating circumstances established in the prior year still exist.

### Requirements:

- You must have submitted the FAFSA for 2025-2026. This can be done online at [www.fafsa.gov](http://www.fafsa.gov)
- This completed form. Note that this form and any required documentation must be submitted no later than 30 days prior to the end of the enrollment period.
- Attach a typed personal statement, with your name, date, and signature, that:
  1. outlines the mitigating circumstances and why you should continue to be considered independent in 25-26,
  2. includes information as to your current living situation and how you are supporting yourself, and
  3. addresses if and how the circumstances used to determine your original independent status have changed.

Student Information		
Last Name	First Name	Student ID#
Address (Street, City, State, Zip Code)		Phone Number
Email Address		

**Upon receipt of your renewal request, it may be necessary to require additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed.**

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only	
This form is being provided due to: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Authorized By: _____	Date: _____
Processed By: _____	Date: _____