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During the previous academic year(s), documentation was submitted to reflect your status as an Independent student. Please complete this form to certify that the circumstances under which you were proven to be Independent have not changed.

**A. STUDENT'S INFORMATION**

Full Name: \_\_\_\_\_

Longwood ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

**B. STATEMENT OF CONTINUATION OF DEPENDENCY STATUS**

I, \_\_\_\_\_, understand that the Office of Financial Aid at Longwood University performed a dependency override based on my circumstances and declared me an Independent student. I certify that the circumstances which resulted in my dependency override have not changed.

Please be aware that a parent's unwillingness or inability to contribute financially is not a valid reason for an appeal.

**C. CERTIFICATION AND SIGNATURES**

**WARNING:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both. By signing and dating this form you certify that all statements and information are complete and correct.

A representative from our office will contact you if further information is required.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date