
Petition for Independent Status

2012-2013

Student's Name: _____ I- Number: _____

Student Email Address: _____ Phone Number: _____

REQUEST FOR EXCEPTION

The requirements to be considered an independent student are explained in the Free Application for Federal Financial Aid. If you do not qualify under these rules, the Financial Aid Office may allow a dependent student to become independent because of unusual circumstances such as total estrangement from parents, abuse in the home, or other special circumstances as determined by the committee. Approval of this petition only applies to Brigham Young University-Idaho.

If you do not meet any of the regular requirements for independent status, but your home situation is such that neither of your parents should be considered as a resource for your education, you must provide the information listed below to the Financial Aid Office. The unwillingness of a parent to provide support or the choice of a student not to accept support are unacceptable reasons to make this request.

To be considered for independent status, our office requires all of the following:

1. Explain the unusual circumstances that should qualify you as an independent student.
2. Identify the location of your parents and your relationship with them.
3. Describe how you have been self-supporting; such as when did you start meeting your expenses without parental support, including room & board, car & medical insurance, transportation, etc.?
4. Provide Statements from two adults who are aware of your situation. Examples would be your bishop, social worker, high school counselor, etc. Copies of appropriate court documents are acceptable to support your petition.

CERTIFICATION

I certify that the information on this form and all attached documentation is true and complete to the best of my knowledge. I waive my rights to the Family Education Rights and Privacy Act regarding supporting documentation for this petition. *If you purposely give false or misleading information in this petition, you may be fined, sentenced to jail or both.*

Student Signature: _____ Date: _____

For Office Use Only		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:			
Date:		Committee:	
<input type="checkbox"/> Statements Signed	<input type="checkbox"/> Corrections of FAFSA Keyed	<input type="checkbox"/> Note Created	

If you have any questions or are unsure of any item on this worksheet, PLEASE CALL US!

Phone (208) 496-1600 Fax (208) 496-6711

Email address: financialaidpetitions@byui.edu

4/2013

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