University of Texas at Arlington (UTA)
Office of Financial Aid

2020-2021
Dependency Change Request
(DCR)

This form may be submitted if you do not meet the federal definition of an independent student for financial aid purposes and you believe you have a justifiable extraordinary circumstance that makes it unreasonable to assess your parents’ ability to contribute to your educational costs. Please note that your parent’s unwillingness to contribute or provide financial data and/or your ability to live apart and be self-supporting are not sufficient reasons in and of themselves to justify a dependency change. Submission of this form does NOT guarantee a change to your dependency status.

Student’s Name: ___________________________ UTA ID: ___________________________

Required Steps to Request a Change of Dependency Status

1. If you haven’t already done so, complete and submit the 2020-2021 FAFSA at fafsa.gov to the best of your ability and include UTA’s code – 003656.

2. Attach to this form a typed, signed, and dated one-page explanation of your extraordinary circumstance prompting your request for a change of dependency status. Include:
   a. An explanation of your relationship with your biological and/or legally adoptive parents. Include their names, whether or not you are estranged from them, and their last known address;
   b. Information where and with whom you have been living; and
   c. Information concerning how you support yourself including a listing of all sources of income/support.

3. Attach to this form three (3) typed, signed, and dated one-page letters from two (2) professional references (e.g., pastor, attorney, counselor, teacher, principal, employer, etc.) and one (1) personal reference (e.g., family member, neighbor, close friend, etc.). Each letter must include:
   a. The reference’s first-hand knowledge of the details surrounding your situation and your relationship with your parents (not just reiterations of what you may have shared); and
   b. The reference’s business letterhead and/or personal contact information including address and phone number.

4. Submit this form along with the required attachments (2 and 3 above) to the UTA Financial Aid Office for review. Additional information and/or documentation may be requested depending on your individual circumstance.

Certification and Signature

The student must sign and date below certifying that all of the information reported on this form is complete and accurate. The signature must be hand-written. A typed name in lieu of a hand-written signature will not be accepted.

___________________________________________________________   ________________________________
Student’s Signature (Required)                     Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.