



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083

2022-2023 Dependency Override Recertification

Student Name: _____ Kean ID #: _____

I am a continuing student and have provided documents for an approved dependency override in a previous year. I certify that my situation is still the same as indicated in the dependency override documents. Please process my FAFSA status as an independent student.

Student Signature: _____ Date: _____

FINANCIAL AID OFFICE USE ONLY

___ 1. Previous Dependency Override Complete: Award Year ___ - ___

___ 2. ISIR Corrections Sent to CPS: Dependency Status Questions = "No" / School Dependency Override = "I"

___ 3. 22-23NJ Change Form Sent to HESAA (NJ Residents Only)

Comments: _____

Signature: _____

Date: _____

Phone #: _____