



REVISION OF STATUS REVIEW

Last Name	First Name	M.I.	Student ID
Address	City, State	Zip Code	Telephone

Instructions

This form is used when a student is attempting to change their status from Dependent to Independent based on special circumstances.

1. Complete Section 1 and take the required action listed in Section 2.
2. If further clarification of your situation is needed, additional documentation may be required.
3. Use blue or black ink only. Print Clearly. Unreadable forms will be returned to you unprocessed.
4. Submit this form at any Financial Aid Office location, via fax to (707) 468-3197, or by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482.

If you have questions about this form, please call our office at (707) 468-3110.

Section 1: Dependency Situation (Please check one)	
<input type="checkbox"/>	I was approved for independent status on the basis of a Revision of Status Review by the Mendocino College Financial Aid Office for the 2017-2018 academic year and there have been no changes in my status. (Take Required Action A)
<input type="checkbox"/>	I was not approved independent status by the Mendocino College Financial Aid Office for the 2017-2018 academic year. (Take Required Action B)
<input type="checkbox"/>	I was approved for independent status on the basis of a Revision of Status Review by the Mendocino College Financial Aid Office for the 2017-2018 academic year but there have been changes in my status. (Take Required Action B)

Section 2: Required Action	
A	Sign and date this form. Submit for processing.
B	Attach the following to this form: <ul style="list-style-type: none"> •Statement describing your past and current relationship with both of your parents, including relevant dates. •Statement on how you financially support yourself along with supporting documentation, if available. •At least one reference letter from someone that has knowledge of your situation. Letters submitted must be from someone in a professional capacity (such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court) and must be written on professional letterhead. Letters from friends or family members will not be accepted. Sign and date this form. Submit for processing.

Certification and Signature

- I certify that all information reported on this form is true and accurate to the best of my knowledge.
- I understand that purposely providing false information may be a cause for cancellation of financial aid awards.
- I understand that I may be required to return unearned financial aid funds for the previous term.
- I authorize Mendocino College to withhold unpaid fees for previous terms from financial aid disbursements.
- I understand that Mendocino College may use this information to update my previously submitted FAFSA information.

Student Signature	Date
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