



2024-2025
Unusual Circumstances Request
Dependency Override
Student Statement

SECTION A: STUDENT INFORMATION

Student Name	NCTC Student ID	SSN (last 4 digits only)

SECTION B: INSTRUCTIONS

Unusual Circumstances refers to the conditions that justify North Central Texas College making an adjustment to a student's dependency status.

1. Read and confirm the certification statement below.
2. Attach a typed personal statement indicating your relationship with both biological mother and father.
3. Attach two (2) statements from third party professionals confirming your situation. Third party professionals include guardian ad litem, court-appointed special advocate, TRIO/GEAR UP Advisor, clergy, teachers, lawyers, welfare agency, case worker, etc. A personal acquaintance or family member is not considered a third party professional.
4. Completed Free Application for Federal Student Aid (FAFSA) if not already submitted.
5. Return all documents to financial aid: finaid@nctc.edu

SECTION C: CERTIFICATION STATEMENT

I am requesting consideration for an Unusual Circumstances at North Central Texas College. I certify that I qualify for an adjustment to my dependency status based on a unique situation (e.g. human trafficking, refugee or asylee status, parental abuse, abandonment, neglect, assault, violence, or incarceration). I understand that I must provide my personal statement, my signature on this certification, two third party professional statements and any documentation that shows proof of my unique family circumstances to the Financial Aid Office for financial aid processing.

Student Signature

Date

X _____

Save as PDF and Return this completed form with all required documentation to
Student Financial Aid Office email: finaid@nctc.edu,
mail to: North Central Texas College - 1525 West California Street, Gainesville, TX 76240



2024-2025 Unusual Circumstance Request Dependency Override Statement by a Professional Third Party

SECTION A: STUDENT INFORMATION

Student Name	NCTC Student ID	SSN (last 4 digits only)

SECTION B: THIRD PARTY PROFESSIONAL #1 - STATEMENT OF CONFIRMATION

Third Party Name:	Telephone (include area code):
Street Address:	City, State:
	Zip Code:

- How long have you known the student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____

Please confirm the relationship student has with biological parent(s). Use the back of this form if necessary.

SECTION C: CERTIFICATION - THIRD PARTY PROFESSIONAL #1

I certify that all information contained on this form is true and correct. I understand that I may be contacted if further information is needed.

Signature	Date
X _____	_____

*Save as PDF and Return this completed form with all required documentation to:
Student Financial Aid Office email: finaid@nctc.edu
mail to: North Central Texas College - 1525 West California Street, Gainesville, TX 76240*



2024-2025 Unusual Circumstance Request Dependency Override *Statement by a Professional Third Party*

SECTION A: STUDENT INFORMATION

Student Name	NCTC Student ID	SSN (last 4 digits only)

SECTION B: THIRD PARTY PROFESSIONAL #2 - STATEMENT OF CONFIRMATION

Third Party Name:	Telephone (include area code):
Street Address:	City, State:
	Zip Code:

- How long have you known the student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____

Please confirm the relationship student has with biological parent(s). Use the back of this form if necessary.

SECTION C: CERTIFICATION - THIRD PARTY PROFESSIONAL #2

I certify that all information contained on this form is true and correct. I understand that I may be contacted if further information is needed.

Signature

Date

X _____

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 mail to: North Central Texas College - 1525 West California Street, Gainesville, TX 76240