

If you need assistance completing this form, please contact us at 817-272-3561.



University of Texas at Arlington

Office of Financial Aid

Office Use Only

2023-2024

Dependency Change Request (DCR)

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555

Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu

PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

The DCR may be submitted if you do not meet the federal definition of an independent student for financial aid purposes and you believe you have an 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 per federal guidelines. Submission of this form does NOT guarantee a change to your dependency status or additional aid eligibility. Aid adjustments are subject to program and funding restrictions.

Student's Name:	UTA ID:
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- Complete and submit the 2023-2024 FAFSA at fafsa.gov and include UTA's code – 003656.
- Complete and submit this form to the UTA Financial Aid Office with the following required items attached:
 1. A typed, signed, and dated one-page detailed statement of your situation which includes an explanation of your special circumstance and relationship with your parents, your parents' names/address, where and with whom you have been living, and your current means of support.
 2. Two (2) DCR Reference Forms / PROFESSIONAL (e.g., clergy, attorney, counselor, teacher, principal, employer, etc.) from individuals who are aware of the details surrounding your situation and relationship with your parents:

Name:	Professional Relationship:
Name:	Professional Relationship:

3. One (1) DCR Reference Form / PERSONAL (e.g., relative, neighbor, friend, etc.) from an individual who is aware of the details surrounding your situation and relationship with your parents:

Name:	Personal Relationship:
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4. Any additional supporting documentation you believe will be helpful to substantiate your request for a dependency change.
- Continue to monitor your to-do list in MyMav for additional information/documents which may be requested during the review process.

Certification and Signature	
Signature must be hand-written and not typed or forged	
I have attached to this form the required documents as indicated above. I certify by my signature below that the information I have provided is true and complete.	
_____	_____
Student's Signature (required)	Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	