

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

2025-2026 Unusual Circumstance Form – Dependency Status RENEWAL

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

This form may be submitted if:

1. you had an unusual circumstance approved at UTA during the previous 2024-2025 application year and your relationship with your parent(s) has not changed for 2025-2026, OR
2. your status as an unaccompanied youth who is homeless or at risk of being homeless was determined by the UTA Financial Aid Office in 2024-2025 and has not changed for 2025-2026.

Student's Name:	UTA ID:
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Renewal Steps:

1. Complete and submit the 2025-2026 FAFSA at fafsa.gov and include UTA's code – 003656.
2. Indicate which describes your situation by checking the corresponding box below:
 - My relationship with my parents remains the same as documented via the Unusual Circumstance/Dependency Change Request (DCR) Form submitted in the previous 2024-2025 application period at UTA.
 - My status as an unaccompanied youth who is homeless or at risk of being homeless remains the same as documented via the Unusual Circumstance/Dependency Change Request (DCR) Form submitted in the previous 2024-2025 application period at UTA.
 - My relationship with my parents or my homeless unaccompanied youth status has changed since the submission of the Unusual Circumstance/Dependency Change Request (DCR) Form in the previous 2024-2025 application period at UTA. I am attaching an updated explanation and documentation of my current situation for consideration.
3. Sign and submit this form along with any attachments, if applicable, to the UTA Financial Aid Office. You may be asked for additional information and/or documentation depending on your individual circumstance. Please monitor your to-do list in MyMav for additional information which may be requested during the review process.

Certification and Signature	
I certify by my signature below that the information reported on and included with this request is complete and correct.	
_____ Student's Handwritten Signature (required)	_____ Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	