



Cornell University

Dependency Override Request Form

Student Name

Academic Year: ___ 2024-25
 ___ 2025-26

Cornell ID Number (or Admissions ID)

Email or Telephone

Explanation of Unusual Circumstances

Please provide an explanation regarding your unusual circumstances. All information will be kept confidential. If more space is needed, please attach an additional page.

Required Documentation

Please submit a signed and dated statement from an impartial third party that can verify your circumstances. Acceptable third-party individuals include a counselor, clergy member, or another impartial source familiar with your situation in a professional capacity. Please also include any other documentation that supports your case. Depending on the nature of your situation, additional information may be requested.

Certification

I hereby swear that the responses to the questions on this form are true and complete to the best of my knowledge.

Student Signature

Date