



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM  
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Office of Financial Aid and Scholarships  
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White Bear Lake, MN 55110  
Phone: 651-779-3305  
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Student Name \_\_\_\_\_  
Student ID or Star ID \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip Code  
Student Birthdate (MM/DD/YYYY) \_\_\_\_\_

**2023-24**  
**Professional Judgment**  
**Dependency Status**

Based on the information you provided in your Review of Dependency Status request letter, the Financial Aid Office has determined that you may be considered independent for financial aid purposes. To apply for a dependency status change, **you need to provide the following documentation:**

- Provide two (2) letters from adult individuals who personally have knowledge of you and your situation and who can verify your circumstances. Please note the following:
  - One letter must be from a **professional individual** not related to the student (i.e. counselor, teacher, physician, social worker, clergy person, etc.). Please submit on professional letterhead.
  - The other letter should be from either a **professional or non-professional individual** who is very familiar with your situation.
  - Both letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand knowledge of your situation.
  - Each letter must include the individual’s name, title or position, address, phone number, and must be signed.
  - The individuals submitting letters cannot be related to one another and must reside at separate addresses.

For questions regarding your dependency status or letter requirements, please make an appointment with a financial aid advisor by calling 651-779-3305 or visiting the office during open hours.

**Note: All requests submitted without proper documentation will be denied.**

By signing, I attest that all information provided is complete, accurate and true. I also give permission for Financial Aid staff to contact my references.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_ Approved

\_\_\_\_ Denied

Financial Aid Staff Signature

Date