



**SOUTH TEXAS
COLLEGE**

Student Financial Services – Bldg. K 1.700
3201 W. Pecan Blvd. McAllen, TX 78501
PH 956.872.8375 FAX 956.872.6461

FOR OFFICE USE ONLY
Correction date & #: _____
Initials: _____
New SAI: _____

Dependency Change Request 2024-2025

Students who have unusual circumstances which may include (but are not limited to): human trafficking; legally granted refugee or asylum status; parental abandonment or estrangement, student or parent incarceration, or instances in which the student is unable to contact a parent or where contact with parents poses a risk to the student may submit a Dependency Change Request form for review.

Unusual circumstances **do not** include: parents refuse to contribute to the student's education, parents will not provide information for the FAFSA or verification, parents do not claim the student as a dependent for income tax purposes, student demonstrates total self-sufficiency.

Dependency Change requests will be reviewed on a **case-by-case** basis for students with unusual circumstances.

STC ID	SSN XXX-XX-	LAST NAME	FIRST NAME	MI
PHONE NUMBER			EMAIL	
			@stu.southtexascollege.edu	

NEW REQUEST FOR DEPENDENCY CHANGE INSTRUCTIONS:

Check this box if this is your first time submitting a Dependency Change request, please turn in all of the following at the same time. We cannot process a request without supporting documentation. Additional documentation may be requested

1. A typed/written, signed and dated one-page detailed statement describing your relationship with your parents and why you don't live with them. Please also explain where and with whom you have been living and how you are supporting yourself.
2. A copy of all your 2022 W2's, a signed copy of your income tax return or IRS Tax Return Transcript if you did not transfer income and tax information from the IRS to the FAFSA. If you did not work provide a statement explaining how you supported yourself in 2024 and will support yourself in 2025.
3. Attach a least one statement from a family member or a close friend who knows about your situation with your parents and can verify you do not live with them.
4. Attach at least one statement (**on school or company letterhead**) from a professional such as a high school teacher, counselor, principal, superintendent, prison administrator, government agency or court official, doctor or clergy, or employer who knows about your situation with your parents and can verify you do not live with them.

RENEWAL REQUEST FOR DEPENDENCY CHANGE INSTRUCTIONS:

Check this box if you were granted a dependency change in 2023-2024 or later, please turn in all the following at the same time. We cannot process a request without all documentation. Additional documentation may be requested

1. A typed/written and signed **updated** statement describing your current relationship with your parents.
2. A copy of all your 2022 W2's, a signed copy of your income tax return or IRS Tax Return Transcript if you did not transfer income and tax information from the IRS to the FAFSA. If you did not work provide a statement explaining how you supported yourself in 2024 and will support yourself in 2025.

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excludes participation, denies benefits, or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.



Dependency Change Request 2024-2025

STC ID:	NAME:
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Father's address (street, city, state)?
Mother's address (street, city, state)?
Where did you live in 2024?
Where did you live in 2025?
How are your living expenses (food, clothes, shelter) paid for?

Please list all sources of income in 2024 and 2025		
SOURCES	2024 AMOUNTS	2025 AMOUNTS
Income earned from work	\$	\$
Cash/Savings	\$	\$

Processing your Dependency Change request may take up to 2 weeks from the time it is submitted or 4 weeks during peak registration time (July & August). Incomplete documentation will delay the review process. Any tuition and fees you owe the college are due on the date specified regardless of the status of your Dependency Change request. Payment arrangements should be made while your request is reviewed.

By signing below, you acknowledge that it is your responsibility to check the status of this Dependency Change request on your Jagnet account. To review your active messages, click on the Financial Aid Icon, then the Financial Aid App, then select the Award Year and Notifications. Your signature below binds you to all the conditions stated within.

****You may submit your form and documentation in person at the Pecan, Mid Valley or Starr Co. Student Financial Services Office or Upload it to our Office via your STC JAGNET account ****

STUDENT CERTIFICATION and HAND WRITTEN SIGNATURE – We can only accept electronic signatures/typed signatures if you are uploading your documents via your STC JagNet account, which authenticates your identity.

I certify with my signature below that the information included with this request is complete and accurate.

Student Signature: _____ Date: _____

WARNING: If you purposely give false information, you may be fined, sent to prison or both.

STUDENT FINANCIAL SERVICES DEPARTMENT USE ONLY				
Approved:	Disapproved:	Pending:	SFSS Initials:	Date:
Additional Information Requested/Comments				



Dependency Change Request
2024-2025

STC ID: STUDENT'S NAME:

STATEMENT FROM FAMILY MEMBER OR CLOSE FRIEND

Printed Name:

Profession:

Address (street, city, state):

Phone number:

How long have you known the student?

What is your relationship with the student?

Do you have first-hand knowledge of the student's situation and relationship with their parent? YES NO

Please attach a typed/written, signed and dated statement explaining your relationship with the student, your knowledge of their situation and relationship with their parents, and why they do not live with them. Please also provide any additional information you believe would be helpful to the student.

Please only address the facts related to the student's situation. Your statements should not be a reference letter about the student's character, or their commitment to getting an education; statements to that effect will not have any bearing on the final decision.

CERTIFICATION and HAND WRITTEN SIGNATURE - Signature cannot be typed.

I certify that all the information I have provided in my statement and on this form are true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Signature of Reference: Date:

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Dependency Change Request 2024-2025

STC ID:	STUDENT'S NAME:
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STATEMENT FROM PROFESSIONAL PERSON (i.e. Teacher, Counselor, Employer etc..)
Printed Name:
Profession:
Address (street, city, state):
Phone number:
How long have you known the student?
What is your relationship with the student?
Do you have first-hand knowledge of the student's situation and relationship with their parent? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please attach a typed/written, signed and dated statement on your school/company letterhead explaining your relationship with the student, your knowledge of their situation and relationship with their parents, and why they do not live with them. Please also provide any additional information you believe would be helpful to the student.

Please only address the facts related to the student's situation. Your statement should not be a reference letter about the student's character, or their commitment to getting an education; statements to that effect will not have any bearing on the final decision.

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