

**2019-2020**  
Academic Year

# Independent Student Status



Student Last Name: _____	Student First Name: _____	Student ID: _____ @ _____
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To continue processing your Free Application for Federal Student Aid (FAFSA), which was selected for verification, please complete and submit this form to our office. **Incomplete forms or conflicting information will delay the process.** Submitted documents may require additional documentation. Federal regulations require FSW to verify that your FAFSA is accurate and it will be corrected with the information provided on this form. Please read carefully. **DO NOT EMAIL documents with Personally Identifiable Information (PII)** (i.e. SSN, Full Name, Phone #, Address...).

## Check YES or NO for each question below.

YES NO

- I am married. (Q47)
- At the beginning of the 2019-2020 school year, I will be working on a Master's or Doctorate program. MA, MBA, MD, JD PhD, EdD, or graduate certificate, etc. (Q48)
- I am currently serving on active duty in the U.S. Armed Forces for purposes other than training. Attach letter from superior officer indicating your service.(Q49)
- I am a veteran of the U.S. Armed Forces. Attach copy of form DD-214 showing other than dishonorable discharge.(Q50)
- I have or will have children who receive more than half their support from me from 7/1/2019 - 6/30/2020. (Q51)
- I have a legal dependent (other than my spouse or children) who live with me and receive more than half their support from me. Provide copies of court documents showing legal guardianship/custody. (Q52)

## DO NOT SUBMIT THIS FORM WITHOUT THE REQUESTED DOCUMENTATION.

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

*Information provided on this worksheet will be used if it differs from what was entered on the original FAFSA submitted.*

Student Name: \_\_\_\_\_ PRINT \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How to submit: Fax: 239-489-9127, Mail: Florida SouthWestern, attn: Financial Aid, 8099 College Pkwy., Fort Myers, FL 33919 or in person to FSW Office of Student Financial Aid (any campus).**

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