Lander University Financial Aid Office
320 Stanley Avenue, Greenwood, SC 29649
Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

2023–2024 DEPENDENCY STATUS UPDATE

Student's Last Name	First Name	MI	La	nder ID (L#)
Address		City	State	ZIP
The purpose of this form is dependency status for the clast academic year and wis Dependency Status Update action. Students will be not	upcoming academic yea h to be considered inde e Request each acaden	ir. If you were approve pendent for the upcor nic year and submit it	ed as an independer ming year, you must to the Financial Aid	at student during the complete a new Office for appropriate
Complete the following:				
☐ I plan to enroll at La	nder University for 2023	3-2024 .		
 Complete y 	Dependency Status Upd your Free Application for lentaid.gov/h/apply-for-a	r Federal Student Aid		ffice.
☐ I will not return to L	ander University for 202	23-2024.		
 Sign and date I 	below and return this for	m to the Financial Aid	d Office.	
If you will return to Lande continued independent st dependency override last needed.)	tatus and explaining w	hat, if anything, has	changed since you	ı were approved for a
Student's Statement:				
				
Student's Signature		Phone #		Date
	Financia	al Aid Office Use Onl	lv	

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N = Pending Review	Update RNAOVxx dependency override or if no ISIR received yet, Hold until	
		ISIR rec'd, then update RNAOVxx=I	
Initials/Date		If has ISIR, calc need and update ROAUSDF EFC and trans #	
Fwd to CNSLR Date		If has ISIR, ROAIMMP tracking group	
		Add to Excel for PJs and do letter merge	
		RRAAREQ – update xxDEPU and add CORRP	
		RHACOMM	
		CNSLR Initials and date	