



Dependency Override Appeal (DOA) Renewal

AY: _____

Student ID _____ Legal Name _____

You should submit this form only if you have had a Dependency Override approved by Eastern Oregon University for the previous school year.

In the space provided below please summarize how or if your circumstances have changed since your initial Dependency Override Appeal (DOA) approval. At this time you are not required to submit any documentation supporting these circumstances. The Review Committee will review your previous Dependency Override documents in reference to the signed statement below and notify you if your appeal has been approved or denied through your EOU E-mail account.

By signing this statement, you are attesting that the circumstances and documentation that led to your previous Dependency Override approval have not changed. If necessary, you agree to provide further proof of this information.

Student Signature _____ Date _____