

Student's Signature

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

2025-2026 PROVISIONAL INDEPENDENT REVIEW FORM

Student Name:				GSU ID #	Last 4 digits of SS#:
(Please Print)		Last	First		
Based o	on the informanue processi	DEPENDENT CON ation you have repo ng your financial aid dependent status.	orted on your FAFS	A, you have been gr .S. Department of E	anted a Provisional Independent status. In order ducation requires that we verify you meet the
Please	check the opt	ion that most accura	ately describes you	r circumstances fro	m the below list:
	At any time on or after July 1, 2024, I was unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless.				
	\square I left home due to an abusive or threatening environment.				
	☐ I was abandoned by or am estranged from my parents.				
	I have refugee or asylee status and am separated from my parents, or my parents are displaced in a foreign country				
	I am a victin	n of human trafficki	ng.		
	I am incarcerated, or my parents are incarcerated and contact with my parents would pose a risk to me.				
	I am otherw	rise unable to contac	ct or locate my pare	ents.	
	I Was granted Independent status at Governors State University for the prior academic year.				
	None of these circumstances apply.				
regardi	ng next steps		ed to submit additi	onal documentation	a Financial Aid Advisor will contact you n to support a final determination. Please note
CERTI	FICATION A	AND SIGNATURE			
I certify	that the info	rmation provided o	n this form and any	y subsequent suppo	rting documentation is true and correct.
G. 1	Signatura			Data	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Date