

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

## 2026-2027 PROVISIONAL INDEPENDENT REVIEW FORM

STUDENT INFO		m and provide co	opies of all requested pape	erwork to Governors State University.	
-		-		sing of your financial aid award.	
Student Name: _			GovState ID#:	Last 4 digits of SS#:	
Please Print	Last	First		<b>Q</b>	
Based on the info		reported on your al aid application	FAFSA, you have been gra	anted a Provisional Independent status. In order ducation requires that we verify you meet the	
Please check the	option that most ac	ccurately describ	es your circumstances fro	m the below list:	
☐ At any ti	☐ At any time on or after July 1, 2025, I was unaccompanied and either (1) homeless or (2) self-supporting and at risk of				
being ho	being homeless.				
☐ I left hor	☐ I left home due to an abusive or threatening environment.				
□ I was ab	☐ I was abandoned by or am estranged from my parents.				
☐ I have re	☐ I have refugee or asylee status and am separated from my parents, or my parents are displaced in a foreign country.				
□ I am a vi	ctim of human traff	ficking.			
☐ I am inca	☐ I am incarcerated, or my parents are incarcerated and contact with my parents would pose a risk to me.				
☐ I am oth	☐ I am otherwise unable to contact or locate my parents.				
□ I was gra	☐ I was granted Independent status at Governors State University for the prior academic year.				
□ None of	□ None of these circumstances apply.				
regarding next st	eps. You may be re	quired to submit		a Financial Aid Advisor will contact you n to support a final determination. Please note t.	
	N AND SIGNATU		nd any subsequent suppo	rting documentation is true and correct.	
Student's Signature			 Date	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	