

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

2024-2025 PROVISIONAL INDEPENDENT REVIEW FORM

Student Name:			GSU ID #	Last 4 digits of SS#:
(Please Print)	Last	First	d50 1D 11	Bust I digits of som
	ation you have repo ng your financial aid	rted on your FAFSA		ted a Provisional Independent status. In orde cation requires that we verify you meet the
Please check the opt	ion that most accur	ately describes your	circumstances from	the below list:
being home I left home I was abanc I have refug I am a victi I am incarce I am otherw I was grant	less. due to an abusive or loned by or am estra gee or asylee status a m of human trafficki erated, or my parent vise unable to contac	threatening enviror anged from my paren and am separated fro ng. as are incarcerated a ct or locate my paren us at Governors Stat	nment. nts. om my parents, or my nd contact with my p	homeless or (2) self-supporting and at risk or y parents are displaced in a foreign country. Parents would pose a risk to me. Parior academic year.
	s. You may be requir cations will be sent	ed to submit additio	nal documentation t	Financial Aid Advisor will contact you o support a final determination. Please note
I certify that the info	ormation provided o	n this form and any	subsequent supporti	ng documentation is true and correct.
Student's Signature		I	Date	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.