

UNUSUAL ENROLLMENT HISTORY

Student Name: _____ COM ID: _____

The U.S. Department of Education indicated you have attended multiple colleges/universities over several academic years. This is considered unusual enrollment history in attempting to receive federal financial aid.

Institutions must work to resolve unusual enrollment when a student's FAFSA is flagged by identifying all institutions where the student received a Federal Pell Grant or a Federal Direct Loan for any of the 2012-2013 thru 2015-2016 award years and determine whether academic credit was earned at each of those institutions during the award year for which you received aid. If credit was not earned during any of those years for which you received aid, you must document the reason in order to continue receiving financial aid.

All academic transcripts for all colleges/universities attended for the years 2012-2013 thru 2015- 2016 must be submitted and evaluated by the Admission's Office before financial aid can be processed.

Mark one:			
		Academic credit was received from all institutions attended during the past four award years	
		(Award Years 2012-2013, 2013- 2014, 2014-2015, and 2015-2016) as confirmed by academic transcripts.	
		Academic credits was not received from one/all institutions attended during the past four award years	
		(Award Years 2012- 2013, 2013-2014, 2014-2015, and 2015-2016).	
If academic credits were not received, students must submit the following:			
This completed Unusual Enrollment History form			
•	Detailed letter explaining circumstance for Unusual Enrollment		
		ocumentation of extenuating circumstance (request with no documentation may be denied).	
	Docum	entation of extendating circumstance (request with no documentation may be defied).	
	Extenuating Circumstances may include:		
•	Person	Personal injury or illness (must have occurred during semester(s) of academic difficulty)	
	0	Acceptable documentation: Doctor's statement, hospital records, or accident/police report	
•	Death o	or serious illness of an immediate family member (parents, grandparents, children, spouse, sibling)	
	0	Acceptable documentation: Doctor's statement, hospital records or a death certificate/obituary notice.	
	Employ	ment changes—Requires documents to show loss of job or other changes in employment	
•		e or separation in the student's immediate family—Requires divorce/separation documents or letter from attorney	

Other—Requires supporting documentation

I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

Student Signature:_____ Date: _____ FOR OFFICE USE ONLY □ Approved □ Denied Comments: ____ F.A. Staff signature: _____ Date: _____