

2023-24 UNUSUAL ENROLLMENT HISTORY VERIFICATION FORM

NAME:			SIS ID:		
DOB:	ACAD LEVEL (circle one):	GRAD	UGRAD		
Education because they received feperiod (2019-20, 2020-21, 2021-22,	deral Pell Grant or Direct and 2022-23) academic ollment history during the	t Loans at multi years). This fla	History Review" by the U.S. Department ople education institutions during the review of requires the Office of Student Financia Submission of this form does not guarantee		
	DOCUMENT	TATION			
 (2019-20, 2020-21, 2021-22, and OK) FOR EACH INSTITUTION. If you received Pell or Direct Loa any academic credit during the explaining the reason for your fai Attach any relevant supporting of the company of the explaining the reason for your fail. 	2022-23 academic years ns at any institution but an award year in which your to earn any academic documentation and include	re not able to proud received aid, corredit at that in le your SIS ID a	ant or Direct Loan during the review period TACH TRANSCRIPTS (UNOFFICIAL ARE ovide a transcript indicating that you earned you need to attach a personal statement estitution while receiving federal student aid at the top of each page. All documentation ollow, along with examples of appropriate		
	•		ns, the credit/earned coursework should be		
CIRCUMSTAN	CE	EXAMPLES C	F SUPPORTING DOCUMENTATION		
The student's own mental or physica disability			nent, as well as verification of health- signed by your physician.		
Personal circumstances beyond			onal statement, supported by third-party nation from a non-family member, such as		

I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. I have attached my personal statement(s) explaining my circumstances at each school listed above. MAIL OR FAX ALL DOCUMENTS TO THE ADDRESS/FAX NUMBER ABOVE.

an academic adviser, attorney, clergy member, etc.

describing the circumstances

other than the student's own mental or physical illness or

injury or disability

Student Signature:	Date:	