



UNUSUAL ENROLLMENT HISTORY EVALUATION REQUEST FORM

Student Information:

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Cellphone Number _____

Email _____

Please fully read before completing.

The U.S. Department of Education selected your record for review due to a possible pattern of unusual enrollment history (UEH). A student under the UEH category may have received Pell grant funds and/or Direct Federal Loans (other than a Direct Consolidation Loan or Parent PLUS Loan) in more than one institution and later abandoned his/her studies before completing a degree or earning academic credits. It is important to determine the legitimate reasons for unusual enrollment pattern.

The following information provides the details of the process and the documentation that must be submitted to the Financial Aid Office in order to evaluate the eligibility to receive Title IV funds. The Financial Aid Director or authorized personnel will evaluate the request and the documents provided by the student to accept or deny the request to receive Title IV funds. The student will receive a written notification of the determination.

Required Documents:

- I. **Unusual Enrollment History Evaluation Form** – Properly completed and signed.
 - a. **Student Certification** – This certification must provide all possible details that best describe the situation.
 - i. **Evidence** – You must include all necessary documentation to support the situation.
 - b. **Additional Certification** – This certification must include additional details, provided by another person (parent or professional) whom can help justify the situation.

STUDENT CERTIFICATION

Select the reason (s) that best describe (s) the situation which prevented you from gaining academic credits:

Personal

- Disease
- Family Emergency
- Move
- Military Obligations

Academic

- Academic Difficulties
- The selected program did not meet my needs/expectations

Other

Reason: _____

Explain:

I certify that the information provided herein is true and correct. I understand that submitting false information to receive Federal Financial Aid is considered a federal crime and may be punished by fine, imprisonment or both.

Student's Signature _____ **Date** _____

Month/Day/Year

ADDITIONAL CERTIFICATION

Name _____ Relationship (Title Professional/Family) _____

Postal Address _____

Phone Number _____ Cellphone Number _____

Email _____

Multiple horizontal lines for additional certification text.

The person signing below certifies that all of the information reported is complete and correct.

Signature _____ Date _____

Month/Day/Year

Official Stamp



Copy of this document must be kept in the student's file.