

2017-2018 Unusual Enrollment History Appeal

Name:			Student ID#:	
history for the completing thi	2013-2014, 2 s form. The i	2014-2015, 2 nformation :	ave been determined ineligible for financial aid after a review of enrollment 2015-2016 and 2016-2017 academic years. You may appeal the decision by you provide will be used to determine your eligibility for reinstatement of ou may be reconsidered for financial aid by completing the following:	
 Enroll 	only in cours	es required f	or to complete an educational plan. for you program. ory Academic Progress each semester.	
INSTRUCTIO	<u>)NS</u> :			
			tional institutions you attended during the academic years listed below and ΓS while receiving Federal Student Aid.	
Acad	demic Year A	ttended	Name of Institution	
	2013-2014	1		
2014-2015				
	2015-2016	ó		
	2016-2017	7		
earning academ police r	any units/cr ic years. Plea	edits at the ase attach s	explaining what extenuating circumstances occurred that kept you from institutions listed above while receiving Federal Student Aid during those supporting documentation (such as medical documents, death certificate, tion, and letters from a professional on letterhead who can support your	
By signing thi	s form, I cer	tify that: (In	nitial by each statement)	
		_	e for financial aid unless my appeal is approved. ng documentation are true and correct to the best of my knowledge.	
			ng this statement and that the federal student aid I may receive will only be pay for cost of attending for 2017-2018 academic year.	
Student signature:			Date:	
			Financial Aid Use Only	
□Approved	□ Denied	By:	Date:	
□Approved	□Denied	By:	Date:	
Comments: _				