



2018-2019 Unusual Enrollment History Appeal

Name: _____

Student ID#: _____

This Appeal form is for students who have been determined ineligible for financial aid after a review of enrollment history for the 2014-2015, 2015-2016, 2016-2017, and 2017-2018 academic years. You may appeal the decision by completing this form. The information you provide will be used to determine your eligibility for reinstatement of financial aid.

INSTRUCTIONS:

1. Attach unofficial transcripts of all educational institutions you attended during the last four academic years.
2. List the names of all educational institutions you attended during the last four academic years and note if you **DID** or **DID NOT** earn units/credits while receiving Federal Student Aid.

<u>Academic Year</u>	<u>Name of Institution</u>	<u>Credit Earned</u>
2014-2015	_____	Yes/No
2015-2016	_____	Yes/No
2016-2017	_____	Yes/No
2017-2018	_____	Yes/No

3. Attach a personal statement explaining what extenuating circumstances occurred that kept you from earning any units/credits at the institutions where credit was not earned while receiving Federal Student Aid during these academic years. Please attach supporting documentation (such as medical documents, death certificate, police reports, legal documentation, or letters from a professional on letterhead who can support your circumstances).

Please note that if your appeal is denied you may be reconsidered for future financial aid by completing the following:

- Meet with an academic counselor to complete an educational plan.
- Enroll only in courses required for your program.
- Meet the standards of Satisfactory Academic Progress each semester.

By signing this form, I certify that: (Initial each statement)

_____ I understand that I am ineligible for financial aid unless my appeal is approved.

_____ All statements and/or supporting documentation are true and correct to the best of my knowledge.

I certify that I am the individual signing this statement and that the federal student aid I may receive will only be used for educational purposes and to pay for cost of attending for the 2018-2019 academic year.

Student Signature: _____ **Date:** _____

Financial Aid Use Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: _____
Comments: _____			

