2017-2018 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, 2013-2014, 2014-2015, 2015-2016 and 2016-2017 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. If your appeal is denied you may be reconsidered for financial aid by completing the following:

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

INSTRUCTIONS:

1. Please list the names of all educational institutions you attended during the academic years listed below and
   DID NOT EARN UNITS/CREDITS while receiving Federal Student Aid.

   Academic Year Attended   Name of Institution

   2013-2014   _____

   2014-2015   _____

   2015-2016   _____

   2016-2017   _____

2. Attach a personal statement explaining what extenuating circumstances occurred that kept you from earning any units/credits at the institutions listed above while receiving Federal Student Aid during those academic years. Please attach supporting documentation (such as medical documents, death certificate, police reports, legal documentation, and letters from a professional on letterhead who can support your circumstances).

By signing this form, I certify that: (Initial by 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 2017-2018 academic year.

Student signature: _____   **Date:** _____

Financial Aid Use Only			
☐Approved ☐Denied	By: _____		Date: _____
☐Approved ☐Denied	By: _____		Date: _____
Comments: _____			
_____			