



## UNUSUAL ENROLLMENT HISTORY APPEAL 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.

To be considered for a reevaluation of your unusual enrollment history in order to determine your eligibility for receiving Title IV funds, you must complete this appeal form and submit it to your campus Financial Aid Office. Your request will be evaluated by the Financial Aid Institutional Director. Once your appeal request has been evaluated, you will be notified in writing of the decision. **The determination is final and cannot be appealed to the U.S. Department of Education.**

### Required Documents:

- I. **Unusual Enrollment History Appeal Form** – Properly completed and signed.
  - a. **Student Certification** – This certification must provide additional details, which were not mentioned in the original certification that can help justify the situation.
    - i. **Evidence** – You should include additional evidence attesting the reasons by which you failed to gain credits in any previous institution.
  - b. **Additional Certification** – This certification must include additional details, provided by another person, which were not mentioned in the original certification that can help justify the situation.

**STUDENT CERTIFICATION**

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_

Email \_\_\_\_\_

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**I certify that the information provided in this application form 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 \_\_\_\_\_

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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.