

**2016-2017 UEH  
Unusual Enrollment History  
Request Form**



Student's Name: \_\_\_\_\_

Student ID#: A \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Instructions:**

*It has been determined by the results of your 2016-2017 FAFSA that you have received Pell Grant funds at different institutions during the past four years without earning academic credit at one or more of these institutions. We are required to review your academic information and collect additional documentation to determine whether you will be eligible to receive federal financial aid at this time. Please complete Section I along with the attachments described in Section II and Section III.*

**Section I: List names of each institution you attended each of the following years**

2012-2013 \_\_\_\_\_ 2014-2015 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2013-2014 \_\_\_\_\_ 2015-2016 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Financial Aid Office Use:**

**Student is requesting review for the following term:**

\_\_\_\_ Fall term (August – December) \_\_\_\_ Spring term (January – May) \_\_\_\_ Summer term (May – August)

**PLEASE SEE ATTACHMENT DETAILS ON THE NEXT PAGE**

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**Section II: Attachments**

There are four (4) required attachments. Failure to include these four items will result in delayed processing.

**Attachment 1 Detailed Letter of Special Circumstances**

Your letter should include an explanation for ALL terms at EACH institution when you experienced academic problems or withdrawals. The letter must clearly detail the circumstances that were **beyond your control** and prevented your progress. When possible, type your letter. The committee will not try to decipher poor handwriting.

Please sign and date your letter.

The letter should include:

1. Personal or academic reasons to explain the failure to receive academic credits at each institution attended in 2012-2013, 2013-2014, 2014-2015 and 2015-2016.
2. What has changed or what measures have been taken to ensure progress in the future.
3. Your educational goals.

**Attachment 2 Supporting Documentation**

Third party documentation must be submitted if possible in support of the personal statement for each reason. Appropriate documentation might include: copy of death certificate or obituary, statements from physicians, letters from counselors or therapists, copy of a police report, court documents, employment transfer, etc. Letters must be on official letterhead and must be signed.

**Attachment 3 Copy of Unofficial Transcript**

Print your transcript from your Lighthouse account. If it does not include transfer credits, you may be required to submit unofficial transcripts from the other institutions.

**Attachment 4 Academic Plan Worksheet**

Meet with an academic advisor to review your degree plan to determine which courses are needed to graduate with your declared major. The Academic Plan Worksheet in Section III must be completed and signed by you and the advisor.

**Please allow 15 business days for processing. A committee will evaluate your review and notify you of the results via mail. Incomplete reviews will not be considered. Fee payment: If you do not receive a decision by the time your tuition payment is due, you must make other personal arrangements to pay your fees for the current or upcoming semester in order to secure your schedule of classes. In making those arrangements you should not assume your review will be granted or that you will have your financial aid reinstated.**

PLEASE SEE ACADEMIC PLAN WORKSHEET ON THE NEXT PAGE

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**Section III: Academic Plan Worksheet**

*Students in open access programs should meet with an academic advisor in the Advising Center. Students in limited access AS, VC, or BAS/BSN programs should meet with a faculty advisor, program director, or the division chair in their specific area.*

To the Academic Advisor:

This student has been selected for an Unusual Enrollment History Review and is no longer eligible to receive Federal Student Aid. A Financial Aid committee will evaluate this student's review, but will need the information you provide on this Academic Plan Worksheet to help reach a more informed decision. Please discuss with the student their academic performance and goals, making necessary course recommendations for future academic terms. If you have any questions, please feel free to contact the Financial Aid Office at ext. 3845. Thank you for your assistance.

Student's Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

Major: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

*Academic Plan MUST ONLY include those courses REQUIRED to graduate.*

Suggested Courses Term 1	Suggested Courses Term 2	Suggested Courses Term 3	Suggested Courses Term 4
Total Cr. =	Total Cr. =	Total Cr. =	Total Cr. =
Alternatives	Alternatives	Alternatives	Alternatives

TOTAL Remaining Credits Needed to Graduate: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the Student:

If your review is approved, your financial aid eligibility will be reinstated. To continue eligibility for future semesters, it is recommended that you:

1. Follow this academic plan, and
2. **Pass** all classes - no F, W, or I grades.

By signing this academic plan, you agree to follow the plan and meet the grade requirements listed above. If you fail to meet these requirements, you may not be eligible for Federal Student Aid in the future.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_