



REQUEST FOR REVIEW: 2024–2025 UNUSUAL ENROLLMENT HISTORY

| STUDENT NAME: | STUDENT ID #: |
|---|---|
| PHONE: | _ EMAIL: |
| Application for Federal Student Aid (FAFSAs | artment of Education has added Unusual Enrollment History (UEH) flags to some Free s). The purpose of the Unusual Enrollment History Flag is to identify students with a lay have received Pell Grant and/or Federal Loan funds at numerous institutions within a |
| If a conflict code (C-code) of 359 (UEH Flag necessary documents that you will be requi Office will review your documentation and | 2) or 360 (UEH Flag 3) exists on your FAFSA, the Financial Aid Office may schedule ired to complete and submit to this school for review. Once received, the Financial Aid contact you if anything further is needed. |
| INDICATE THE REASON(S) FOR YOUR UNUS Check the box relevant to your circumstanc than one circumstance and/or award year i | ce and circle the applicable award year when making your selection. You may select more |
| 1. During the 2020–21, 2021-2 from severe illness. | 22, 2022-23, and 2023-24 award year(s), you or a member of your household suffered |
| 2. During the 2020–21, 2021-2 family emergency. | 22, 2022-23, and 2023-24 award year(s), you or a member of your household had a major |
| 3. During the 2020–21, 2021-2 unemployed. | 22, 2022-23, and 2023-24 award year(s), you or a member of your household became |
| 4. During the 2020–21, 2021-2 military obligation. | 22, 2022-23, and 2023-24 award year(s), you or a member of your household had a |
| 5. During the 2020–21, 2021-2 change your address. | 22, 2022-23, and 2023-24 award year(s), you or a member of your household had to |
| 6. Other: Attach a detailed sta explanation, and explain wh | tement regarding your circumstances, provide documentation to support your ny this kept you from earning academic credit. |
| If you do not submit the required documen completion. If you do not submit the requir responsible for education expenses. | station or leave pertinent sections of this form blank, the form will be returned to you for red documents, you will remain ineligible for Title IV student aid and could be personally |
| Acknowledgement | ****************** |
| | true and accurate. I have provided and complete information to the best of my ability. |
| Student Signature: | Date: |
| Spouse Signature: | Date: |
| Parent Signature (if student is dependent): | Date: |
| Please note: If after you have submitted all and appeal the decision. | documentation you are denied Title IV eligibility, you will have the opportunity to question |