2018-2019 Unusual Enrollment History Review

The U.S. Department of Education has flagged your 2018-2019 Free Application for Federal Student Aid (FAFSA) for "Unusual Enrollment History Review" because you have received Federal Pell Grant funds at multiple education institutions. This flag requires our office to review your enrollment history and determine if you are enrolling for a legitimate educational purpose. In the process of reviewing your enrollment history our office will check with the National Student Loan Data System (NSLDS) to obtain a complete history, including the name of institutions you have attended and the dates of attendance. If you have questions, contact us promptly to prevent delay in the financial aid processing.

A. Student's Information

Student Number _____

Last Name	First Name	M.I.	SSN
Address			Date of Birth
City, State, Zip Code			Email Address
Home Phone Number			Cell Phone Number

B. Colleges or Universities Attended

Please list all institutions (including Northwest-Shoals Community College (NW-SCC)) attended during the last four (4) academic years. Please attach an academic transcript for each of the prior schools listed (excluding NW-SCC). Also, for each college listed, attach a separate explanation if you failed to earn any academic credit at that college. Attach any additional documentation (i.e., medical bills, hospitalization records, accident reports, etc.) that supports your reason for withdrawal. Please make sure to include your student number at the top of each page or document you submit. **Your application for financial aid <u>will not be considered</u> until you submit this completed form and all required documentation to the Financial Aid Office.**

Name of College or University	Dates of Attendance	Types of Aid received: Pell Grant, Loans, SEOG, etc.

_____ _____
Student's Signature Date

_____ _____
Financial Aid Personnel Signature Date

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

NSLDS Attached: _____