



Unusual Enrollment History

Student: _____ **ID No.** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-mail address:** _____

The U.S. Department of Education has flagged your FAFSA application for Unusual Enrollment History. It appears that you have attended multiple institutions over a period of time. Continued eligibility for financial aid is determined, in part, by maintaining satisfactory academic progress toward the completion of a degree program. The Financial Aid Office must review academic records from each previously attended institution. Federal regulations allow you to provide a statement and documentation to explain your academic history.

Please carefully read the instructions before submitting your enrollment history verification. You must provide proper documentation along with this form in order for your review to be considered.

Please provide a typed explanation stating reason(s) for your appeal. Some examples of extenuating circumstances are: serious illness or accident that prevented you from attending class, domestic violence issues, change in personal circumstances (divorce, homelessness, loss of income), death in your immediate family, or other severe personal problems. Please be as detailed as possible.

Transcripts

- Official transcripts from each institution attended must be provided to the NCC Admissions Office.

Acceptable documentation includes:

- documentation from a medical professional from whom you have received treatment
- signed statements from a counselor, clergyman, or other social or legal service professional
- copies of death certificates or obituaries

Your review must be submitted no later than 10 days before the beginning of the term/semester for which you are requesting funding.

PLEASE COMPLETE THE BACK OF THIS FORM

Please indicate the semester you are appealing to have your financial aid reinstated:

Semester _____ Year _____

Have you previously submitted an appeal: Yes No

FOR FINANCIAL AID OFFICE USE ONLY

Name of Program: _____

Hours Attempted: _____ Hours Completed: _____

Completion Rate: _____ GPA: _____

Hours required for program: _____ Maximum: _____

Notes: _____

Appeal Approved Appeal Denied Date: _____