



2015 – 2016 Unusual Enrollment History Form

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) has been selected for review due to your unusual enrollment history in college. Federal regulations dictate that we must ask you for additional information before determining your eligibility for federal student aid. The purpose of this form is to analyze your receipt of **Pell Grant** and **Federal Direct Loan** funds over the past **four** academic years.

SECTION A: Student Information

Last Name	First Name	Middle Name	Student VIP ID
Mailing Address (include Apt. #)			Date of Birth
City	State	Zip Code	Home Phone
Email Address			Cell or Alternate Phone Number

SECTION B: Schools Attended

- Please list all colleges attended during the time frame listed below. If you attended multiple schools during the indicated time frame, attach an additional page listing all schools you attended and include your name and VIP ID at the top of each page.
- You must attach an academic transcript from each college attended if the university does not have it on file already. Failure to report all colleges attended will result in denial of your request for financial aid at USCB.

Name of College	Dates of Attendance	Credit / Clock Hours Earned?	
	2011-2012	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2012-2013	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2013-2014	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2014-2015	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C: Extenuating Circumstances

If extenuating circumstances caused your failure to earn academic credit, you must write a detailed letter explaining the situation. This letter should include how the circumstance that led to your academic difficulties has been resolved and the steps you have taken to ensure your own academic success. You must also attach third party documentation to corroborate your claim or you will be denied financial aid. Examples of extenuating circumstances include:

- Death of an immediate family member (must include relationship of family member to student and copy of death certificate)
- Documented hospitalization or illness of self, child or parent (if self, must include signed doctor's letter on letterhead, along with dates and medical records as to the student's readiness to return to school)
- Military withdrawal (include documentation from commanding officer)
- Victim of a crime or unexpected disaster (include copy of police report, third party letters, etc.)
- Other circumstances not addressed in the above categories, submit a written statement that explains your situation including supporting documentation.

SECTION D: Certification and Signatures

By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student's Signature

Date

Parent's Signature (Required, if dependent student)

Date