



Office of Financial Aid

2024 - 2025  
Unusual Enrollment History  
Appeal Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Complete this form to appeal the loss of your federal student aid. You must be able to document unusual circumstances that affected your grades at your previous schools.

Please indicate the term for which you are appealing to receive Federal student aid.

(You may only check one term)

- Summer 2024     
  Fall 2024     
  Spring 2025

**Instructions:**

1. Write a detailed explanation of your extenuating situation. It must have occurred during the period of enrollment in question. Include the actions taken to prevent a future recurrence.
2. Include documents to support the reason for your appeal.

Supporting documentation may include but is not limited to:

- Medical documents or statement regarding an accident
- Injury or illness confirmed by a doctor or statement from a non-family member
- Certificate of death of a family member
- Divorce decree
- Proof of unemployment

**All appeal decisions are final.**

**Certification:**

By signing below, I acknowledge and confirm that the information provided is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date