

2023 - 2024 Unusual Enrollment History Appeal Form

| Student Name: | | Student ID: |
|--|--|---|
| Complete this form to appeal the loss of yaffected your grades at your previous scho | | be able to document unusual circumstances that |
| Please indicate the term for which you are | appealing to receive Federal studen | t aid. |
| (You may only check one term) | | |
| ☐ Summer 2023 | ☐ Fall 2023 | ☐ Spring 2024 |
| Instructions: | | |
| 1. Write a detailed explanation of your ext question. Include the actions taken to pre- | _ | curred during the period of enrollment in |
| 2. Include documents to support the reason | on for your appeal. | |
| Supporting documentation may include Medical documents or statement in Injury or illness confirmed by a document of death of a family medical behavior of death of death of a family medical behavior of death of de | regarding an accident octor or statement from a non-famil | y member |
| All appeal decisions are final. | | |
| Certification: By signing below, I acknowledge and confimisleading information may result in feder | | s complete and correct. Purposely giving false or |
| Student Signature | | Date |