



Office of Financial Aid

**2025 - 2026
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 2025

Fall 2025

Spring 2026

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

SUBMIT TO THE OFFICE OF FINANCIAL AID