



A Great Place To **Start**[™]
 A Member of the Alabama Community College System

Office of Financial Aid
 Unusual Enrollment History (UEH) Appeal

Your Free Application for Federal Student Aid (FAFSA) has been flagged for “Unusual Enrollment History Review” by the U. S. Department of Education because you received Federal Pell Grant funds at multiple educational institutions during the review period. This flag requires Bishop State Community College to review your enrollment history and determine whether or not you are enrolling only long enough to receive federal student aid. In the process of reviewing your enrollment history, Bishop State will check the National Student Loan Data System (NSLDS) and if necessary, the National Student Clearinghouse, to obtain a complete history including the name of institutions you have attended and the date of attendance. You must complete this appeal form, attach the requested documents, and return to the Financial Aid Office. If you have questions, contact us promptly so your financial aid will not be delayed. If your appeal lacks the requested documents or you leave information blank, the process will be significantly delayed.

Last Name	First Name	<u>A</u>
Social Security Number	Birthdate	Bishop State ID Number _____@bishop.edu
Program of Study		Anticipated Graduation Date
Appeal is for which semester? Fall Spring Summer Year _____		

Please list every institution of higher learning you have attended and provide official transcripts to Admissions and Records for each.

Name of College or University	Dates of Attendance	Number of Credits Earned	Types of Aid Received (Pell Grant, Loans, etc.)

Required Documentation and Reasons for the Appeal

Complete all of the items below with as much detail as possible. The responses to the numbered items should be typed and provided on a separate sheet(s) of paper and attached to this form. Please make sure you include your Bishop State Student ID# at the top of each page or document you submit.

1. Provide official transcripts to Admissions and Records for each institution of higher learning you have attended. If you are unable to provide a transcript, regardless of the reason, your appeal will **not** be considered.
2. Provide your own written statement describing the reasons and the extenuating circumstances **only if** you failed to earn any academic credit at a college. Be specific and concise in your explanation. Incomplete information may cause a delay in the review of your appeal or denial of your request.
3. **If** medical problems played a role, attach any supporting evidence that you can provide to more fully explain your particular situation. A complete medical history is not necessary.

Please initial each item indicating that you have read and understand the information below:

- I understand that decisions on UEH appeals are processed on a case-by-case basis.
- I understand that I must maintain enrollment and satisfactory academic progress to maintain eligibility in the future.
- I understand that appeals turned in without supporting documents will be delayed and/or denied.
- I understand that I must have completed a FAFSA application.
- I understand that all outstanding balances have to be paid in full to receive an appeal.
- I understand that my appeal will not be reviewed until the current semester grades have been evaluated if currently enrolled.
- I understand that decision of the Financial Aid Office for UEH appeals are final.

WARNING: If you purposely give false or misleading information you may be fined, sentenced to prison, and/or removed from school and this appeal will definitely be denied.

Student's Signature
no electronic signature, must be original

Date

DO NOT WRITE IN THE BOX BELOW

FOR FINANCIAL AID OFFICE USE ONLY:

Total Earned Hours

Total Attempted Hours

Completion Rate

Cumulative GPA

Previous Appeals

EFC/Hours Enrolled

Lifetime Pell Eligibility

Previous Loans

Balance

Award Year				
School Attended				
Pell Received				
Loans Received				
Credits Earned				

Financial Aid Manager

Approved

Denied

Date

Reason for Denial: _____
