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CRANFORD CAMPUS 1033 Springfield Ave Cranford, NJ 07016 Phone: (908) 709-7500 Fax: (908) 709-7018 ELIZABETH CAMPUS 40 West Jersey Street Elizabeth, NJ 07016 Phone: (908) 965-6050 Fax: (908) 709 - 7018 PLAINFIELD CAMPUS 232 East Second Street Plainfield, NJ 07060 Phone: (908) 412-3571 Fax: (908) 709-7018

ID#:



## 2019-2020 UNUSUAL ENROLLMENT HISTORY APPEAL FORM

funds. Students who have attended multiple schools and earned Federal an Unusual Enrollment History. You must submit your completed Unusual below. Appeals submitted with missing documentation or without <u>ALL</u> prior processed.	Financial Aid in a short period of time may be considered to have Enrollment History Appeal with all REQUIRED documentation listed
STEP 1: Print your Federal Financial Aid History  You MUST log into the National Student Loan Data System (NSLDS) at www.nslds.	.ed.gov to obtain your Federal Financial Aid history. You will need
your Federal Student Aid ID to log in. You MUST PRINT the "Financial Aid Review"	
STEP 2: Prior College Transcripts Required to be Evaluated  Request all academic transcripts for all colleges/universities you have attended du  Please be sure to attach all transcripts to this form before submission to the Finance	ring academic years 2015-2016, 2016-2017, 2017-2018 and 2018-2019.
STEP 3: Letter Explaining Circumstance for Appeal	
If you failed to earn academic credit while receiving Federal Aid, the U.S. Departm resulted in your failure to complete academic credits. Please submit along with thi failure to earn academic credit. Please refer to a situation that occurred during the STEP 4: Supporting Documentation:	is form a typed statement, which provides an explanation for your
You must provide documentation to support the circumstance(s) in your appeal. C without documentation will be considered incomplete and will be denied.	Circumstances are limited to the reasons below. Appeals submitted
<b>Personal injury or illness</b> (must have occurred during semester(s) of a or accident/police report	academic difficulty) – Requires doctor's statement, hospital records,
<b>Death or serious illness of an immediate family member</b> (parents, grahospital records or a death certificate/obituary notice	andparents, children, spouse, sibling) – Requires doctor's statement,
Employment changes – Requires documents to show loss of job or oth	ner changes in employment
Divorce or separation in the student's immediate family – Requires divorce/separation documents or letter from attorney	
Closed schools –Submit documentation from State or other licensing agency to prove closure	
Unresponsive schools –Student may self-certify <u>not</u> having received of	credit
Other – Requires supporting documentation	
STEP 5: Advisor Section and Academic Plan:	
1. Meet with an Academic Advisor to devise a plan to improving your academic	demic progress and to attain your goal of graduation.
2. Complete this form with your Academic Advisor.	
<u>Academic Advisor Section:</u> The above-referenced student and I have reviewed his academic record and achieve satisfactory academic progress and program comp	pletion. This educational plan is with the student and is on file in the Academic
Advising Department.	ADVISOR: Must check box below.
Advisor Name:(print name)	Extension: APPEAL TERM: (check box below)
Advisor Signature:	Summer I Summer II Fall Spring  Date:
Student Signature:	Date:
*SUBMISSION OF AN APPEAL DOES NOT GUARANTEE	THE REINSTATEMENT OF FINANCIAL AID ELIGIBILITY.*

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

Union County College is accredited by The Middle States Commission on Higher Education.

I hereby certify that all information provided on this form is true, complete and correct to the best of my knowledge. NOTE: Computer generated signatures are not acceptable.