



**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



## 2018-2019 UNUSUAL ENROLLMENT HISTORY APPEAL FORM

NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

The U.S. Department of Education has indicated that you have had an Unusual Enrollment History while receiving Federal Financial Aid funds. Students who have attended multiple schools and earned Federal Financial Aid in a short period of time may be considered to have an Unusual Enrollment History. You must submit your completed Unusual Enrollment History Appeal with all REQUIRED documentation listed below. Appeals submitted with missing documentation or without **ALL** prior college transcripts will be considered **INCOMPLETE** and will not be processed.

### **STEP 1: Print your Federal Financial Aid History**

You **MUST** log into the National Student Loan Data System (NSLDS) at [www.nslds.ed.gov](http://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" grant page and attach it to this form.

### **STEP 2: Prior College Transcripts Required to be Evaluated**

Request all academic transcripts for all colleges/universities you have attended during academic years 2014-2015, 2015-2016, 2016-2017 and 2017-2018. Please be sure to attach all transcripts to this form before submission to the Financial Aid Office.

### **STEP 3: Letter Explaining Circumstance for Appeal**

If you failed to earn academic credit while receiving Federal Aid, the U.S. Department of Education **REQUIRES** you to explain the circumstances which resulted in your failure to complete academic credits. Please submit along with this form a typed statement, which provides an explanation for your failure to earn academic credit. Please refer to a situation that occurred during those academic terms in which you failed to earn credit.

### **STEP 4: Supporting Documentation:**

You must provide documentation to support the circumstance(s) in your appeal. Circumstances are limited to the reasons below. **Appeals submitted without documentation will be considered incomplete and will be denied.**

**Personal injury or illness** (must have occurred during semester(s) of academic difficulty) – Requires doctor’s statement, hospital records, or accident/police report

**Death or serious illness of an immediate family member** (parents, grandparents, children, spouse, sibling) – Requires doctor’s statement, hospital records or a death certificate/obituary notice

**Employment changes** – Requires documents to show loss of job or other 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 **not** having received 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 progress and to attain your goal of graduation.
2. Complete this form with your Academic Advisor.

**Academic Advisor Section:** The above-referenced student and I have reviewed his/her academic progress. We discussed a corrective action plan to improve his/her academic record and achieve satisfactory academic progress and program completion. This educational plan is with the student and is on file in the Academic Advising Department.

Advisor Name: \_\_\_\_\_ Extension: \_\_\_\_\_  
(print name)

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPEAL TERM: (check box below)**

Summer I	Summer II	Fall	Spring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*SUBMISSION OF AN APPEAL DOES NOT GUARANTEE THE REINSTATEMENT OF FINANCIAL AID ELIGIBILITY.\***

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.

**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.

<http://ucc.financialaidtv.com/>

Financial Aid Office – [financialaid@ucc.edu](mailto:financialaid@ucc.edu)

CRI: FC18UEHA: 18/19 UEH Appeal Form