

Newport Financial Aid Office 2016 – 2017 Unusual Enrollment History Appeal Form

| Student Name: | | | ID Number: | | | |
|---|--|-----------------------------|------------------|---|---------------------|--|
| The U. S. Department of Education f Enrollment History (UEH). The flag ic secondary institutions during the par | dentifies those students who | | | | | |
| The ASU-Newport Financial Aid Offic not you received a Pell Grant and su | | | | | ch as whether or | |
| Upon recipient of this form along wireview these documents to determine | | - | | anscripts, the Fina | ncial Aid Office wi | |
| INSTRUCTIONS: | | | | | | |
| Below is a list of colleges you attend academic years. You are required to academic transcript for each college The deadline to submit this form and | submit to the Financial Aid listed below. Incomplete d o | Office this con | pleted form and | to the Admissions | | |
| Name of College | Dates of Attendance | Did you submit transcripts? | | Did you earn credit/clock hours? | | |
| | | Yes | No | Yes* | No** | |
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| | | | | | | |
| *IF you answered "Yes" to the having submitted academic transcripts sho request that we review your transcripts | wing your grades for <u>all</u> of | these semeste | | _ | | |
| **IF you answered "No" to the Crec the special circumstance(s) that cau support your explanation by the de on page two of this form. | sed your failure to earn ac | ademic credit/ | hour and provid | e third-party docu | umentation to | |
| CERTIFICATION AND SIGNATURE | | | | | | |
| I hereby certify that all of the inform | ation reported is complete | and correct to | the best of my k | nowledge. | | |
| Print Student's Name | Student's | Student's ID Number Date | | Student's Email Address | | |
| | | | | WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both. | | |
| Student's Signature | Date | | | | | |

EXAMPLES OF SPECIAL CIRCUMSTANCES AND RECOMMEND DOCUMENTATION

This is not all inclusive. There may be other types of documentation that are acceptable. Please make sure the dates on the documentation coincide with the dates you received Pell Grant funds and did not earn academic credit. The submission of an explanation with supporting documentations *does not guarantee* financial aid eligibility will be reinstated.

| Reason for Appeal | Recommended Documentation | | |
|---------------------------------------|--|--|--|
| Death of Immediate Relative | Obituary notice or death certificate | | |
| Illness of Self or Immediate Relative | Signed doctor's not (must be on doctor's letterhead) | | |
| | Hospital records or bills with dates of stay | | |
| Divorce/Separation | Divorce papers, signed letter from attorney (on letterhead) | | |
| | Signed statement from pastor or counselor (on letterhead) | | |
| | Copy of lease or mortgage showing only yourself as the renter/owner | | |
| | School records for kids showing different household for their father/mother | | |
| Job Schedule Conflict | Signed statement of schedule change or overtime hours worked from employer | | |
| | (on letterhead) | | |
| | Timesheets – must have company name printed on them | | |
| Childcare Problems | Signed letter from current daycare center (on letterhead) verifying enrollment | | |
| | of the child. If it is a personal friend or relative, the letter must be accompanied | | |
| | by one other signed letter from a friend or family member aware of the | | |
| | situation. | | |
| Other | Requires supporting documentation | | |

4/2016