

# **Office of Student Financial Aid**

The U.S. Department of Education has indicated that you have 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.

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Last Name	First Name	M.I.	BRCTC ID number	
Address			Phone Number (include area code)	
City	State	Zip Code	Email Address	

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

Print your "Federal Financial Aid Review Grant History" from the National Student Loan Data System (NSLDS) at <u>https://nslds.ed.gov/</u> and attach to this form.

### **STEP 2: Prior Colleges Attended**

Submit academic transcripts for all colleges attended during the timeframes listed below.

Name of College (s) Attended	Dates Attended	Did you earn academic credit?		
	Fall 2016	□ Yes	🗆 No	
	Spring 2017	□ Yes	🗆 No	
	Summer 2017	□ Yes	🗆 No	
	Fall 2017	□ Yes	🗆 No	
	Spring 2018	□ Yes	🗆 No	
	Summer 2018	□ Yes	🗆 No	
	Fall 2018	□ Yes	🗆 No	
	Spring 2019	□ Yes	🗆 No	
	Summer 2019	□ Yes	🗆 No	
	Fall 2019	□ Yes	🗆 No	
	Spring 2020	□ Yes	🗆 No	
	Summer 2020	🗆 Yes	□ No	

## **STEP 3: Document Extenuating Circumstances**

If you failed to earn academic credit while receiving Federal Financial Aid at one or more of the colleges listed above, the U.S. Department of Education <u>**REQUIRES**</u> you to explain the circumstances which resulted in your failure to complete academic credits.

- A. You must submit a type-written statement which provides an explanation for your failure to earn academic credit.
- B. Provide third party documentation to support your appeal statement. 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 lawyer
  - □ **Other** Requires supporting documentation

### **STEP 4: Certification and Signatures**

By signing this form, I certify that all of the information provided on and with this form is true and accurate. I understand that if I do not provide acceptable explanation, including supporting documentation, this appeal may be denied and that the decision is final.

Student Signature

Date

**To return this form:** Mail: Office of Student Financial Aid 13650 Apple Harvest Drive Martinsburg WV 25403 Fax: 304-260-4376