Heritage University
Office of Financial Aid

2014-2015
Unusual Enrollment History Appeal Form

Student Name: _____ Student ID#: _____

The Department of Education has selected your file for review due to a pattern of unusual enrollment history at colleges you have attended. You must submit this form and any required documentation to determine your financial aid eligibility.

1. Schools Attended:
List all schools that you received Pell Grant funds at during the 2012-2013, 2013-2014, and 2014-2015 academic years. You must provide academic transcripts from all schools you list in the boxes below unless you have already provided these transcript(s) to Heritage University.

Please attach an additional piece of paper if more space is needed.

Name of School	Dates of Attendance	Credit/Clock Hours Earned? (circle one)	Check this box if you provided transcript(s) to Heritage University
		YES NO	☐
		YES NO	☐
		YES NO	☐
		YES NO	☐

2. Reason for Financial Aid Appeal Request:
If you answered "No" to the Credit/Clock Hours Earned question for any of the schools you listed above, you must provide an explanation of the special circumstance(s) that caused your failure to earn academic credit/clock hour (academic credit is considered to have been earned if the academic records show that the student completed any credit hours or clock hours) and provide proof of your circumstance(s) such as: a statement from a doctor including a release to return to school, an accident report, military obligations, or an obituary. The circumstances must be reasons beyond the control of the student, such as illness, accidental injury, or death of an immediate family member. ****Failure to provide adequate documentation will result in your appeal being denied. ****

Deadline for all appeals is equal to the second week of semester or registration deadline.

My signature verifies that I have read the procedures above and that all statements and documents attached are true and accurate.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

[ ] Appeal approved   [ ] Appeal Denied   [ ] Academic Plan Required   PFCOMM ☐ Email/Letter ☐ SAP Log☐
Comments:

_____

_____

FA Coordinator's Signature/Title _____*Date*_____