SCC Finar	icial Aid Use Only	
Approved_	Date/Initials _	
Denied	Date/Initials	

SOUTHEASTERN COMMUNITY COLLEGE FINANCIAL AID OFFICE

2023-2024 REQUEST FOR REVIEW OF UNUSUAL ENROLLMENT HISTORY

Student's Last Name, First	Name Student's ID or SSN	Student's Date of Birth	
Student's Street Address, C	ity, State and Zip Code		
Student's Email Address			
Student's Home Phone Num	nber Student's Cell Phone N		
Semester you are planning to	attend		

Your financial aid application has been flagged by the Department of Education because your enrollment pattern over the last couple of years indicates that you have been enrolled at several different colleges and received federal financial aid.

In this case, a student must provide documentation to the SCC Financial Aid Office as follows:

- 1) Official college transcripts from colleges attended during the prior four award year periods.
- 2) Complete this Enrollment History form and provide a written statement of any special circumstances as noted below. Documentation from a third party is required to support your circumstance if applicable.

These circumstances must be one of the following:

- Death in the family
- Medical Illness (Personal/Immediate family)
- Divorce or Separation
- Change in where the student is living
- Military obligations
- Other Academic circumstances:
 - Academic program not meeting student's needs.
 - Unexpected academic challenges.

Instructions:

Complete the reverse side of this form, providing a detailed statement of the extenuating circumstances for each period of enrollment that you did not earn any academic credit at the prior college. Please include:

- What specifically happened that caused you not to complete your classes?
- When did the above occurrence happen (month and year)?
- How did the above occurrence affect your academic performance?
- Briefly explain what has now changed, or the steps you have taken, that should now result in you completing your classes in the future.

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Provide documentation for the above occurrences.

- Signed statement from a medical professional stating the circumstances and specific date of occurrence.
- Signed statement from a parent/relative describing a family emergency that required your attention and specific date of occurrence. Along with this statement, include a copy of death certificate or physician's statement.
- Copy of divorce or separation papers.
- Copy of proof showing prior address where you were living.
- Copy of military orders.
- You may provide any additional documentation that will help us make a decision.

ease explain your circumstances. Attach copies of the documentation described above.	
	
	
ne SCC Office of Financial Aid will review your Enrollment History with supporting docu	mentation, and you will
nied, you have the right to question the decision with the Director of Financial Aid or Dea	
udent Signature and Date	
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