

## Unusual Enrollment History Appeal Form

This appeal is for students who have a FAFSA that was flagged by the **Department of Education** for having an **Unusual Enrollment History** (UEH) *and* appear to have **not** earned academic credit at one or more of the institutions attended during a relevant award year. In this case, we must obtain documentation from the student explaining why academic credit was not earned. Some examples of reasons may include personal illness, a family emergency, military obligations, an academic complication such as unexpected academic challenges, or having determined that the academic program in question did not meet your needs (*3<sup>rd</sup> party supporting documentation submitted with this signed appeal form is always best*). Please submit this appeal form, along with any supporting documentation, to **Student Financial Services** as soon as possible. Once documentation has been submitted, we can then determine whether it supports the reasons described by you.

### Section A: Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ NU Student ID: \_\_\_\_\_

### Section B: Questionnaire

- 1. Institution(s) attended:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 2. Award year(s) in question:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 3. Please explain why you were unable to earn academic credit at the institution(s) listed above, during the relevant award year(s).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Continued on back)

4. Please explain why this is no longer an issue:

---

---

---

---

---

---

---

---

5. Is there additional information you feel would help support your appeal?

---

---

---

---

---

---

---

---

**Section C: Signature**

I certify that the information included in this appeal is true and correct to the best of my knowledge. I understand that this appeal form is not a guarantee of financial aid eligibility or reinstatement but allows my circumstance to be reviewed.

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

*Your appeal will be reviewed within 14 days. If you have questions regarding this appeal, contact Student Financial Services.*

**Student Financial Services Use Only**

Not Approved: \_\_\_\_\_

Approved: \_\_\_\_\_

Conditions:

---

---

---

---

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

