



Office of Student Financial Aid
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www.subr.edu

Unusual Enrollment History Review Form 2017-2018(A.Y)

Name _____ SSN or CWID _____
(Please Print: Last name, First name, MI)

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) has been flagged for “Unusual Enrollment History Review” by the U. S. Department of Education because you received Federal Pell Grant funds at multiple education institutions during the review period (2013-2014, 2014-2015, 2015-2016 and 2016-2017). This flag requires SUBR’s Financial Aid Office to review your enrollment history and determine whether or not you are enrolling only long enough to receive cash refunds of federal student aid. In the process of reviewing your enrollment history, SUBR will check the National Student Loan Data System (NSLDS) to obtain a complete history: the name of institutions you previously attended and the dates of attendance.

Please complete the steps below. Your application for financial aid will not be considered until you submit this completed form and required documentation. You will be notified via e-mail of our decision within 30 days of completing these requirements.

STEP 1: Obtain an academic transcript or grade report for the entire time you received Federal Pell Grant funds at any/all education institutions during the review period (2013-2014, 2014-2015, 2015-2016 and 2016-2017). Add your name and CWID# to the top of each page. Note that, if any transcripts/grade reports are unclear, you will be required to provide an official academic transcript.

STEP 2: List below the name of any/all education institution/s at which you received Federal Pell Grant funds during the review period and did not earn any academic credit. If you need additional space, please attach a separate page. **Include your name and CWID# at the top of each page.**

STEP 3: For each school listed in Step 2, **attach a statement** explaining the reason for your failure to earn any academic credit at that institution while receiving Federal Pell Grant funds during the review period. Attach any relevant documentation (i.e., medical bills, hospitalization records, accident reports, etc.) and **include your name and CWID# at the top of each page.**

By signing below, I certify that the information submitted on and with this form is accurate and complete.

Student Signature

Date

Return this form and supporting documentation to your local Financial Aid Office

Contact information available at www.subr.edu

OFFICE USE ONLY:	REVIEWED BY _____	REVIEW DATE _____
<input type="checkbox"/> All transcripts received	<input type="checkbox"/> Credit was earned at each institution	<input type="checkbox"/> No other Concerns () Clear Flag
<input type="checkbox"/> Transcript/grade report from _____	unclear; official transcript requested _____	() Incomplete
	(School)	(Date)
<input type="checkbox"/> Transcript/s missing	<input type="checkbox"/> Credit not earned	<input type="checkbox"/> Other: _____ () Deny Aid
Advisor must initial all completed: _____ Notified Student _____ RRAAREQ _____ RHACOMM _____		