

2019-2020 Unusual Enrollment History

Your Free Application for Federal Student Aid (FAFSA) has been selected for review based on your enrollment history. Please complete this worksheet printing clearly in ink. Along with this form, we must review academic transcript(s) or grade report(s) showing credits earned for all schools attended from July 1, 2017 to present. Note that if you waived transcripts for any school(s) during the admissions process, they are still required for this review.

Section 1. Student Information

Full Name		Student ID	
Address	City	State	ZIP Code
Phone Number (including area code)	Date of Birth	Email Address	

Section 2. Colleges Attended

Please list all schools you have attended from July 1, 2017 to present. If needed, you may reference your academic history at www.nsls.ed.gov. You will need your FSA ID and password to log in.

Name of School	Dates of Attendance	Credits Earned?	Transcripts
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already submitted



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Section 3. Credit Not Earned

Complete the chart below if you did not earn credit at any of the school(s) listed in Section 2. You must provide an explanation for lack of credit, in addition to supporting third-party documentation. Examples of appropriate third party documentation are listed below:

- If you, your child, or your parent/spouse experienced illness or were hospitalized, please provide documentation on letterhead including dates of treatment.
- If you experienced the death of an immediate family member, please provide the relationship of this person and a copy of the death certificate.
- If you had military obligations, please provide documentation from your commanding officer.
- If you were the victim of a crime or unexpected disaster, please provide a copy of the police report and/or other documentation supporting your situation.
- If none of the above, please provide alternate detailed documentation of your situation.

Name of School	Explanation for Lack of Credit

Section 4. Signatures and Certification

I certify that the information submitted is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

Student Signature

Please note: electronic signatures will not be accepted.

Date (required)

Delgado
COMMUNITY COLLEGE

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