



OFFICE OF FINANCIAL AID

2017-2018 Unusual Enrollment History Review

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) has been selected for an unusual enrollment history review because you have received Federal Aid at multiple postsecondary institutions. This review will analyze your completed enrollment, earned academic credit, and federal student aid paid for the enrollment periods 2013-2014, 2014-2015, 2015-2016, and 2016-2017. The outcome of this review will determine your 2017-2018 eligibility for federal student aid at Albany State University (ASU).

Student Name (Print): _____ RAM ID: _____

Phone: _____ RAM Email: _____

List **ALL** institutions of higher learning you attended during the 2013-2014, 2014-2015, 2015-2016, and 2016-2017 academic years. **Attach an official transcript from each of the institutions attended and a statement of explanation for any course for which you did not earn credit.** Attach any relevant documentation (i.e., medical bills, hospitalization records, medical records/statements, obituaries, accident reports, letter from a third party, or legal documentation, etc.). If you do not submit the required documentation or leave pertinent sections of this form blank, you will remain ineligible for Title IV student aid.

NAME OF COLLEGE OR UNIVERSITY	DATES OF ATTENDANCE

If you have additional institutions to report, please attach on a separate sheet.

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

Student Signature

Date

Allow 10 business days for processing. You will be notified once your status has been reviewed via your ASU RAMS email.

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Student Name: _____

RAM ID#: _____

Unusual Enrollment History Statement

If you did not earn academic credit hours at an institution during the 2013-2014, 2014-2015, 2015-2016, and 2016-2017 academic years, you must provide a written statement of extenuating circumstance(s) and reasoning in the space provided below:

Return this form and supporting documentation to the Office of Financial Aid

FOR FINANCIAL AID USE ONLY

Reviewed By: _____

Review Date: _____

Denied: _____ Approved: _____

Date Notified Student: _____

If Denied, Reason for Denial: _____