# 2016-17 Unusual Enrollment History Review Form

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<tr>
<th>Student Name</th>
<th>Student ID</th>
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## Information
Your 2016-2017 Free Application for Federal Student Aid has been flagged for Unusual Enrollment History Review by the U.S. Department of Education because you have received Federal Pell Grant and/or Federal Direct Loan funds from multiple institutions during the following review period: 2012-2013, 2013-2014, 2014-2015, and 2015-2016. This flag requires SUNY Potsdam to review your enrollment history to determine aid eligibility.

## Instructions
Complete steps 1 through 5 below. Your application for financial aid will not be considered until you submit this completed form and required documentation. You can review your attendance at prior institutions online at [www.NSLDS.ed.gov](http://www.NSLDS.ed.gov).

1. **Obtain an official academic transcript from every institution you attended during the review period (2012-2013, 2013-2014, 2014-2015, and 2015-2016).** These transcripts must be turned in with this form or sent directly to Transfer Services as part of your Admissions application. Your application will not be reviewed until all transcripts have been received.

2. **List below the name of any/all institutions at which you received Federal Pell Grant and/or Federal Direct Loan funds during the review period and **did not earn any academic credit.** If you need additional space, please attach a separate page with your name and student ID number at the top of each page.

3. **If you have no institutions listed in Step 2,** sign and submit this form to the Financial Aid Office. If you select this option, we have determined that SUNY Potsdam has **not received** all of your transcripts. Be sure to request that the missing transcript(s) are sent to Transfer Services, or submit them with this form to the Financial Aid office.

   **If you have any institution listed in Step 2,** you must complete the following steps before submitting this form:
   - Attach a statement explaining the reason for your failure to earn any academic credit at each institution listed in Step 2.
   - Attach supporting documentation for the circumstances described in your statement (i.e. medical bills, hospitalization records, accident reports, etc.). Include your name and student ID number at the top of each page.

4. **Sign Below.** I certify that the information submitted on and with this form is accurate and complete.

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<th>Student Signature</th>
<th>Date</th>
<th>Daytime Phone Number</th>
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5. **Return this form and your official transcripts** via mail or in person to the Office of Financial Aid at your earliest convenience.

   **Office USE ONLY:**
   I recommend _______ credits for _______ semester. Signed ___________________________ Dated _______

   Notes ____________________________________________

**OFFICE USE:** Doc code -UEH DOC