



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Unusual Enrollment History 2024-2025

Student's Full Name: _____ Student ID: N00 _____

Address: _____ City/State/Zip: _____

Email: _____@student.friends.edu Phone Number: () _____
(Friends Financial Aid will only respond to your student email)

The U.S. Department of Education has indicated that you have had an Unusual Enrollment History (UEH) while receiving Federal Financial Aid (Title IV) funds. The purpose of the Unusual Enrollment History Flag is to identify students with a possible unusual enrollment history who may have received Federal Pell Grant and/or Federal Direct Loan funds at multiple institutions within the past four academic years. You are required to complete the UEH Form so we may determine your eligibility for future financial aid.

If you do not submit the required documentation or leave pertinent sections of this form blank you will be notified that your appeal form is considered incomplete. If you do not submit the required documents you will remain ineligible for Title IV aid and could personally be responsible for education expenses. **All documentation submitted is confidential.**



STEP 1: Previous Colleges Attended

The academic years we are looking at; 2020-2021, 2021-2022, 2022-2023 and 2023-2024.

STEP 2: Transcripts

Ensure that all official academic transcripts for all colleges/universities attended have been forwarded to the Registrar's Office (Financial Aid will accept unofficial transcripts only in order to evaluate UEH).

STEP 3: Printed or Typed Letter Explaining Circumstance for Appeal

If you failed to earn academic credit within the past four academic years while receiving Title IV aid, the U.S. Department of Education **REQUIRES** you to explain the circumstances which resulted in your failure to earn academic credits. Please submit along with this form either a printed statement (with the space provided below) or a typed statement which provides an explanation for your failure to earn academic credit. Please refer to a situation that occurred during those academic terms in which you failed to earn academic credit.

****Academic credit is earned if the official academic records show that the student successfully completed any credit or clock hours with a passing grade. Generally, at most institutions, a passing grade may be defined as A, B, C and in some cases, D. Generally, at most institutions, a non-passing grade may be defined as F, W, I, N, CP or AU.****

STEP 4: Supporting Documentation

You must provide documentation to support the circumstance(s) in your appeal. On the next page are a list of common circumstances. There may be other circumstances not listed, if so, please provide supporting documentation that will justify the reason for your appeal. Include your Student ID on all documents. **All documentation provided is confidential.**

Step 5: Decision

Once our review is completed, the decision for future financial assistance is final and cannot be appealed. Once all documentation is in, please allow 3-5 business days for your appeal to be reviewed. *Please check your student email for correspondence from our office.*



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EXAMPLES of circumstances follow, along with examples of appropriate documentation required to support and appeal.

Circumstances	Examples of Supporting Documentation
The student's own mental or physical illness, injury or disability	Obtain a letter from a licensed health care provider on the health care provider's letterhead
Death of a family member or significant person in the student's life	Provide a copy of an obituary or death certificate
Illness, accident or injury of a significant person in the student's life	Provide documentation (i.e. physician's statement, police report or documentation from a third-party professional, such as a hospital billing statement)
The student's own divorce or separation or the divorce or separation of the student's parent(s)	Provide an attorney's letter on the law firm's letterhead, petition for dissolution or copy of the divorce decree
The student's own mental or physical illness, injury or disability	Obtain a letter from a licensed health care provider, on the health care provider's letterhead
Personal circumstances other than the student's own mental or physical illness or injury or disability; issues with the student's spouse, family, roommate, or other significant person in the student's life	Personal letter of explanation and any supporting documentation
Employment changes	Provide documents to show loss of job, reduction of hours, required overtime hours or other employment changes on an official employer letterhead
Other	Requires supporting documentation



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Lined writing area with 15 horizontal lines.

I certify that all information on this form is true and accurate. I have provided complete information to the best of my knowledge.

Student’s Signature: _____ Date: _____

Typed signatures cannot be accepted.

If you have any questions, please call (316) 295-5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

FOR OFFICE USE ONLY:

Date Appeal Received: _____ Enrollment History Pattern: _____

Supporting Documents Received: Y N

Decision: APPROVED _____ DENIED _____

Director/Assistant Director Date

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.