2022-2023 Unusual Enrollment History (UEH) Review

Student Name _________________________________________ Student ID __________________

C-Code 359 – UEH Value 2

___ No action necessary if student received a Pell Grant or a Direct Loan at this institution in the 2018-19, 
2019-20, 2020-21, or 2021-22 award year(s), -OR-
___ Did not receive a Pell Grant or a Direct Loan at this institution for the 2018-19, 2019-20, 2020-21, or 
2021-22 award year(s) - follow UEH Value 3 below

C-Code 360 or 359 as noted above – UEH Value 3

___ Print NSLDS report and attach to this form, -AND-
___ Gather transcripts for each of the institutions the students attended during the following award years 
per NSLDS: 2018-19, 2019-20, 2020-21, or 2021-22

Institution Name: _________________________________
Transcript Attached ___ Yes 
Transcript Evaluated ___ Yes  Date Reviewed ____________
___ Academic Credit was earned at the Institution (student completed clock hours or credits) 
___ FAO has no reason to believe the student is one who enrolls just to receive credit Balances
___ Academic Credit was NOT earned at the institution 
___ Student provided 3rd party documentation to prove the reason(s)

Institution Name: _________________________________
Transcript Attached ___ Yes 
Transcript Evaluated ___ Yes  Date Reviewed ____________
___ Academic Credit was earned at the Institution (student completed clock hours or credits) 
___ FAO has no reason to believe the student is one who enrolls just to receive credit Balances
___ Academic Credit was NOT earned at the institution 
___ Student provided 3rd party documentation to prove the reason(s)

Institution Name: _________________________________
Transcript Attached ___ Yes 
Transcript Evaluated ___ Yes  Date Reviewed ____________
___ Academic Credit was earned at the Institution (student completed clock hours or credits) 
___ FAO has no reason to believe the student is one who enrolls just to receive credit Balances
___ Academic Credit was NOT earned at the institution 
___ Student provided 3rd party documentation to prove the reason(s)

Institution Name: _________________________________
Transcript Attached ___ Yes 
Transcript Evaluated ___ Yes  Date Reviewed ____________
___ Academic Credit was earned at the Institution (student completed clock hours or credits) 
___ FAO has no reason to believe the student is one who enrolls just to receive credit Balances
___ Academic Credit was NOT earned at the institution 
___ Student provided 3rd party documentation to prove the reason(s)
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Student Name _____________________________________________ Student ID __________________

___ Academic Credit was NOT earned at the institution
   __ Student provided 3rd party documentation to prove the reason(s)

Review of Documentation

___ Student provided the attached documentation to prove valid personal reasons such as identity theft, illness, family emergency, school closures, and change in residence or military obligations.
___ Student provided the attached documentation to prove valid academic reasons such as the institution presented unexpected academic challenges or that the student determined, before completing any academic credit that the academic program did not meet the student’s needs.
___ Student provided 3rd party documentation to prove the reason(s) listed below.

_____________________________________________________________ ______________________________

FAO Evaluation of the Documentation:

___ Satisfied. The documentation supports the reasons given by the student for the student’s failure to earn academic credit and that the student did not enroll to only to receive credit balance funds.

   -OR-

___ Not Satisfied. The documentation does NOT support the reasons given by the student for the student’s failure to earn academic credit and that it is believed the student did enroll to only to receive credit balance funds,

NOTES:

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_______________________________________________________ ______________

Financial Aid Officer Printed Name

Status updated in system

_________________________ ____________________________

Financial Aid Officer Signature Date