Atlanta Metropolitan State College

Financial Aid Office

Unusual Enrollment History Review

2019-2020

Student Name ___________________________________________  Student ID# ____________________

Your 2018-19 Free Application for Federal Student Aid (FAFSA) has been flagged for “unusual Enrollment History Review” by the U. S. Department of Education because you received Federal Pell Grant funds at multiple education institutions during the review period - 2015-16, 2016-17, 2017-18 and 2018-19. This flag requires Atlanta Metropolitan State College to review your enrollment history and determine whether or not you are enrolling only long enough to receive cash refunds of federal student aid. In the process of reviewing your enrollment history, Atlanta Metropolitan State College will check the National Student Loan Data System (NSLDS) to obtain a complete history: the name of institutions you have attended, and the dates of attendance.

Please complete the steps below. Your application for financial aid will not be considered until you submit this completed form and required documentation. You will be notified via e-mail of our decision within 30 days of completing these requirements.

STEP 1: List below the name of any/all education institution/s at which you received Federal Pell Grant funds during the review period and did not earn any academic credit. If you need additional space, please attach a separate page. Include your name and student ID# at the top of each page.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

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STEP 2: For each school listed in Step 2, attach a statement explaining the reason for your failure to earn any academic credit at that institution while receiving Federal Pell Grant funds during the review period. Attach any relevant documentation (i.e., medical bills, hospitalization records, accident reports, etc.) and include your name and student ID# at the top of each page.

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

__________________________________________

Student Signature  

Date

OFFICE USE ONLY

REVIEWED BY_________________________ REVIEW DATE________________________

All transcripts received  Credit was earned at each institution  No other concerns  Clear Flag

Transcript/grade report from____________________ unclear; official transcript requested  Incomplete

Transcript/s missing  Credit not earned  Other:______________________________  Deny Aid

Notify Student  RRAREQ  RHACOMM  Xtender