



**2026-2027
UNUSUAL ENROLLMENT HISTORY
FINANCIAL AID APPEAL**

Last Name: _____ First Name: _____

Student ID#: _____

The U.S. Department of Education has established requirements to help prevent fraud and abuse in the federal programs by identifying students with unusual enrollment patterns. For the 2026-2027 award year, the U.S. Department of Education has flagged your FAFSA indicating an unusual enrollment history. This flag requires St. Joseph's College of Nursing to review your enrollment history at each institution that you received federal aid for the academic year(s): **2022-2023, 2023-2024, 2024-2025, 2025-2026** prior to awarding you financial aid for the current Academic Year.

STEP 1: St. Joseph's College of Nursing- Enrollment History

Did you receive financial aid at St. Joseph's College of Nursing during the following academic years: **2022-2023, 2023-2024, 2024-2025, and/or 2025-2026?**

Did you earn at least 1 academic credit at St. Joseph's College of Nursing during any of the above mentioned academic years?

- Yes (If you answered "yes" to both of these questions, skip to Step 4)
- No (If you answered "no" to one or both of these questions, you must complete Steps 2-4)

STEP 2: Prior College or University-Enrollment History

Please list all institutions attended for the following academic years: 2022-2023, 2023-2024, 2024-2025, 2025-2026. You must submit a copy of your official or unofficial transcript(s) for each institution listed.

Academic Year	Name of Institution	Earned Credits
2022-2023		
2023-2024		
2024-2025		
2025-2026		

****Earned credit is defined as passing the course***

If you earned credit at each institution listed, complete Step 4 and submit form to the Financial Aid Office for review.

STEP 3: EXPLANATION OF EXTENUATING CIRCUMSTANCES

If you answered “NO” to the Credits Earned question for any of the college/universities listed above, you are required to complete Section 3 and submit all applicable documentation to apply for reinstatement of your Title IV eligibility.

Please check the box that applies and attach all required documentation for the award year(s) specified. Your application for financial aid will not be considered until you submit this form and all required documentation to the Financial Aid Office for review.

Circumstance	Action Required
<input type="checkbox"/> Personal Injury or Illness <i>(must have occurred during semester(s) of academic difficulty)</i>	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework 2. Attach a copy of doctor's statement, hospital records or accident/police report.
<input type="checkbox"/> Death or serious illness of an immediate family member <i>(parents, grandparents, children, spouse, sibling)</i>	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach a copy of doctor's statement or death certificate/ obituary notice.
<input type="checkbox"/> Employment Changes	1. Attach a brief explanation of the situation, the date(s), how it negatively affected your coursework. 2. Attach documents showing job loss or change in employment
<input type="checkbox"/> Divorce or Legal Separation	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach divorce/separation documents with court stamp or letter from attorney
<input type="checkbox"/> Military Obligations	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach letter from commanding officer
<input type="checkbox"/> Other	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach supporting documentation

STEP 4: CERTIFICATION AND SIGNATURE

I certify that all information on this form is true, complete and accurate. Upon request, I agree to provide additional proof of the Information reported on this form. **Warning:** If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature: _____ Date: _____

OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____ Director/Assistant Director of Financial Aid: _____ Date: _____
