|  |  |  |
| --- | --- | --- |
| GPTC Logo | ***Office of Financial Aid***DeKalb Campus –Bldg. A Room 163: Fax: 404-294-6290 Newton Campus- Bldg. A Room 214: Fax: 770-784-2475 | Unusual Enrollment 2017-2018 School Year |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # 900\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name First Name MI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP (Area Code) Phone Number

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was flagged for review due to a pattern of Unusual Enrollment history at the colleges/universities you have attended. Federal regulations dictate that we must ask you for additional information before determining your eligibility for federal financial aid.

You must list all schools that you attended during the 2013‐2014, 2014‐2015, 2015-2016, and 2016-2017 academic years. To verify that you are eligible to receive additional federal financial aid for 2017-2018, Georgia Piedmont Technical College will compare your previous enrollment, academic and/or financial aid records.

**STEP 1**: List every institution of higher learning you have attended during the 2013-2014, 2014-2015, 2015-2016, and 2016-2017 academic years**. Submit academic transcripts or grade reports for each college or university attended during these academic years**. Your enrollment history is available on your student record at [www.nslds.ed.gov](http://www.nslds.ed.gov).

**Academic transcripts that have not been received will delay determination of your financial aid eligibility.**

|  |  |  |
| --- | --- | --- |
| **NAME OF COLLEGE OR UNIVERSITY** | **DATES OF ATTENDANCE** | **Transcript submitted to** **GPTC Registrar’s Office?** |
|   |   |  **YES NO** |
|   |   |  **YES NO** |
|   |   |  **YES NO** |
|   |   |  **YES NO** |

**If you have additional colleges please attach additional sheet.**

**STEP 2**: Provide your own statement describing the reasons and the extenuating circumstances if you did not earn academic credit hours at a college. Be specific and concise in your explanation. Incomplete information may cause a delay or your request may be denied.

**STEP 3:** Attach any relevant documentation (i.e., medical bills, hospitalization records, statement from doctor, obituary, accident reports, letter from a third party, or legal documentation, etc.)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

**Unusual Enrollment History Statement**

Provide the extenuating circumstances and reasoning if you did not earn academic credit hours at a college or university during the 2013-2014, 2014-2015, 2015-2016 and/or 2016-2017 academic year.

**Return this form and supporting documentation to the GPTC Financial Aid Office.**

|  |
| --- |
| **OFFICE USE ONLY** Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Earned hours: \_\_\_\_\_\_\_ Total Attempted Hours: \_\_\_\_\_\_ Completion Rate: \_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_All transcripts received \_\_\_\_Credit was earned at each institution **\_\_\_ Approved** (Clear Flag) No other concerns  **\_\_\_\_ Approved one term, with stipulations**\_\_\_ Transcript needed from \_\_\_\_\_\_\_\_\_\_\_\_\_ (school), notification sent to student \_\_\_\_\_\_\_\_\_\_ (date) **\_\_ Incomplete****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_ Denied Aid**: \_\_ Insufficient documentation \_\_\_Completion rate \_\_\_Grade point average \_\_\_Maximum hours\_\_\_\_Notify Student \_\_\_\_RRAAREQ \_\_\_\_RHACOMM |