21UEHFORM *my*UH ID _____

2020-2021 Unusual Enrollment History Form

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review due to your unusual enrollment history in college. Federal regulations dictate that we must ask you for additional information before determining your eligibility for federal student aid. The purpose of this form is to analyze your receipt of Federal Pell Grant Program funds over the past three years.

A. Student Information

_____

Last Name First Name MI *my*UH ID

_____ _____

Email Address Date of Birth

B. Schools Attended

Processing for Unusual Enrollment History cannot begin until a completed form and all academic transcripts are received.

- Please list ***all*** colleges attended during the time frame listed below, including the University of Houston. If you attended multiple schools during the indicated time frame, attach an additional page listing all schools you attended and include your name and *my*UH ID at the top of each page. ***If you have attended the University of Houston during any of these years, you are required to list UH.***
- ***You must attach an academic transcript (official or unofficial) from each college attended.*** Please note: if any unofficial transcripts are unclear you will be required to provide official academic transcripts. Failure to report all colleges with attached transcripts will result in denial of your request for financial aid at UH.
- You must also submit an official transcript to the Admissions Office. If you have not submitted official transcripts to the University of Houston, please attach an academic transcript for any institution attended.

Name of College	Dates Attended	Did You Earn Credits?
	2016-2017	☐ *Yes* ☐ *No*
	2017-2018	☐ *Yes* ☐ *No*
	2018-2019	☐ *Yes* ☐ *No*
	2019-2020	☐ *Yes* ☐ *No*

C. Extenuating Circumstances

If personal reasons explain your failure to earn academic credit, you must attach third party documentation to corroborate your claim or you will be denied financial aid at UH. Examples of extenuating circumstances include:

- Death of an immediate family member (must include the relationship of family member to student, copy of death certificate)
- Documented hospitalization or illness of self, child or parent (if self, must include dates and medical records as to the student's readiness to return to school)
- Military withdrawal (include documentation from commanding officer)
- Victim of a crime or unexpected disaster (include copy of policy report, third party letters, etc.)
- Other circumstances not addressed in the above categories, submit a written statement that explains your situation including supporting documentation.

D. Certification and Signatures *(blue/black ink, no electronic signatures accepted)*

Each person signing this form certifies that all the information reported on it is complete and correct. If you were required to provide parent information, at least one parent must also sign this form. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

_____ _____

Student Signature Date

_____ _____

Parent Signature (or Spouse, if applicable) Date

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect

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