



Unusual Enrollment History Appeal Form 2020 - 2021

Per federal regulations, you are required to complete the Unusual Enrollment History Form so we may further analyze your Pell activity over the past three academic years.

Student Name _____ OCC ID Number _____

Section 1: Schools Attended

- You must provide the following information for each school you attended during the time frame listed. If you attended multiple schools during the indicated time frame, attach a separate sheet of paper listing all schools you attended.
- YOU MUST ATTACH A TRANSCRIPT FROM EACH SCHOOL ATTENDED.**
- If you fail to report a school that you attended during the indicated time frame or fail to attach a transcript, you will be denied financial aid at Oakland Community College.

Name of School	Dates Attended	Academic Credits Earned	
	2016 - 2017	Yes	No
	2017 - 2018	Yes	No
	2018 - 2019	Yes	No
	2019 - 2020	Yes	No

Section 2: Extenuating Circumstances

You may present personal reasons to explain your failure to earn academic credit. You **MUST** include third-party documentation to substantiate your claim or you will be denied financial aid at Oakland Community College.

Death of an immediate family member (must include the relationship of family member to the student, copy of death certificate).

Documented hospitalization of illness of self, child, or parent (must include dates and a health care provider's decision, written on official letterhead, as to the student's readiness to return to school).

Military obligations (must include documentation from commanding officer).

Victim of a crime or unexpected disaster (must include copy of police report, third-party letters, etc.).

Other (must include appropriate documentation).

I certify that the information reported on this form is true and correct. If requested, I agree to provide additional documentation to the Financial Aid office. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature _____ Date _____

Parent Signature (if dependent student) _____ Date _____