



**The Office of Financial Aid and Scholarships
Unusual Enrollment History Verification Form 2023-2024**

Student Last Name **Student First Name** **MI** **ID #**

Address: _____

Telephone Number: _____ **Cell Phone Number:** _____

Date: _____ **Email:** _____

UNUSUAL ENROLLMENT HISTORY

The Department of Education has selected your 2023-2024 FAFSA application for review based on your unusual enrollment history for the past four years as reported to the U.S. Department of Education. The U.S. Department of Education requires Saint Augustine's University's Office of Financial Aid and Scholarships to review all students who are selected due to an unusual enrollment. Student Financial Aid Office will determine if there are valid reasons for the unusual enrollment history.

Please read and answer all questions below. Submit the required documents needed to complete the verification of your unusual enrollment history. Mail the requested information to: **Saint Augustine's University, The Office of Financial Aid and Scholarships, 1315 Oakwood Ave Raleigh, NC 27610.** You will be notified of the decision via your SAU email.

All decisions are final and cannot be appealed to Saint Augustine's University or the U.S. Department of Education.

I. VERIFICATION OF ENROLLMENT HISTORY

1. What college or university did you attend for the following academic years:
 - a) 2022-2023: _____
 - b) 2021-2022: _____
 - c) 2020-2021: _____
 - d) 2019-2020: _____

2. Submit a copy of your academic transcript for each institution you have attended. (The transcript maybe an official or unofficial copy.)

3. Did you receive financial aid for the following academic years?
 - a) 2022-2023: Yes _____ No _____
 - b) 2021-2022: Yes _____ No _____
 - c) 2020-2021: Yes _____ No _____
 - d) 2019-2020: Yes _____ No _____



4. Did you withdraw from one of the institutions listed above? If yes, please indicate which institution and the date of the withdrawal:

Explanation for Unusual Enrollment History: If you need additional space, please attach another form.

II. CERTIFICATION AND SIGNATURE

By signing below, I certify that all the information reported on this form is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Print Name

ID Number

Student's Signature

Date

III. FINANCIAL AID COMMITTEE REVIEW

Financial Aid Committee: _____ Approved: _____ Denied: _____

Financial Aid Committee: _____ Approved: _____ Denied: _____

Date: _____