2019-2020 UNUSUAL ENROLLMENT HISTORY WORKSHEET

Last Name: _______________________ First Name: _______________________ EMPLID# __________________

ISIR UEH flag “2” □ ISIR UEH flag “3” □ Print NSLDS or COD PELL Grant and Direct Loan □


Did the student receive a PELL Grant and/or Direct Loan and earn at least one credit at CCNY?

☐ Yes: Academic year? ______________ No additional action is required. Sign and date below.

☐ No: Follow guidance for UEH flag “3” in section B

FA Signature _____________________________ Date CF checklist cleared: _________________________

Section B: To resolve a UEH flag of “3”, (SAR Comment code 360) review academic years: 2015-2016, 2016-2017 and 2017-2018 and 2018-2019

Official transcripts must be obtained for the award years to be reviewed. The student must have earned at least one credit during each of the reviewed school years at each previously attended institution. If a credit was not earned, you must obtain documentation from the student explaining why the student failed to earn a credit at the applicable institutions.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Official Transcript</th>
<th>School Year</th>
<th>Earned Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.____________________</td>
<td>Yes [ ] No [ ]</td>
<td>__________</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>2.____________________</td>
<td>Yes [ ] No [ ]</td>
<td>__________</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>3.____________________</td>
<td>Yes [ ] No [ ]</td>
<td>__________</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>4.____________________</td>
<td>Yes [ ] No [ ]</td>
<td>__________</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>5.____________________</td>
<td>Yes [ ] No [ ]</td>
<td>__________</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

Student received at least one credit at all colleges for each school year reviewed?

☐ Yes: No additional action required. Sign and date below.

☐ No: Student must submit a UEH appeal to be considered for federal aid.

Section C:

Transcript(s) requested by: _____________ Request given to: _____________ Date requested: _____________

Status of Transcript(s): Provided by _____________ Date returned to reviewer: _____________

Transcript(s) attached: #__________ #__________ #__________ #__________ #__________

Transcript(s) missing: #__________ #__________ #__________ #__________ #__________ #__________

Comments: _____________________________________________________________________________

FA Signature: _____________________________ Date CF checklist cleared: _________________________