

## **Unusual Enrollment History Verification**

Please *Print* clearly.

Student Information							
Last Name		First Name	First Name		Middle Initial		
Social Security Number		Student ID Number			Date of Birth		
The Office of Financial Aregarding an 'unusual es submitted to our office review the information	enrollment history' to assist in the det you have provided	during your post-s ermination of you	secondary educatio r Federal Financial	n. The inf Aid eligibi	ormation be lity. Our off	elow must be	
Enrollment Info	ormation						
Please visit the <b>Nationa</b> following chart. You wi information for the 201	ll need your 4-digit	Federal Student A	id PIN in order to a	ccess this	· ·	=	
Name of School Attended	Location of School (City/State)	Dates of Attendance (To-From) – (MM/YYYY)	Enrollment Status (Full-Time, Half- Time, Less than Half-Time)	Credit Hours Earned	Received PELL Grant (Y/N)	Transcripts Received by SGTC (Y/N)	
If you failed to earn acade	emic credit at any sch	ool listed above, ple	ase explain why: (atta	ach an add	itional sheet	if necessary)	
Cignoture							
Signature I certify that all information	on reported on this w	orksheet is complet	e and correct.				
WARNING: If you purposely	give false or misleading	information on this w	vorksheet, you may be	fined, be sei	ntenced to jail	, or both.	
Student Signature: _	Student Signature: Date:						