## **18-19 UNUSUAL ENROLLMENT APPEAL**

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) has been flagged for "Unusual Enrollment History Review" by the U.S. Department of Education because you received the Federal Pell Grant and/or the Direct Loan(s) at multiple educational institutions during the review period 2013-14, 2014-15, 2015-16, and 2016-17. We are unable to grant you aid until you submit additional documentation. You will need to submit this form in addition to supporting documentation outlined in the steps below.

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	STUDENT DAT	ГА
LAST NAME	FIRST NAME	MILLERSVILLE ID NUMBER
HOME PHONE #	LOCAL PHONE #	EXPECTED GRADUATION DATE FROM MU (MM/YY)
	LETTER EXPLAINING CIRCUMST	
Submit a signed statement provis		earn academic credit during the period(s) in question.
<ul> <li>If you failed to earn academ</li> </ul>	nic credit while receiving federal aid at an	y of the institutions you have attended during the past four ne circumstances that resulted in your inability to successfully
	SUPPORTING DOCUM	ENTATION
	arty documentation to support the circ credit and what types of supporting docu	umstance(s) in your appeal. Outlined below are acceptable mentation should be provided:
• <u>Personal injury or illness</u> (must have occurred during semester(s) that you did not earn academic credit) – Requires doctor's statement, hospital records, or accident/police report		
• <u>Death or serious illness of an immediate family member</u> (parents, grandparents, children, spouse, sibling) – Requires doctor's statement, hospital records or a death certificate/obituary notice		
Employment changes – Requires documents to show loss of job or other changes in employment		
<ul> <li><u>Divorce or separation in tactorney</u></li> </ul>	<b>he student's immediate family</b> – Requir	res court (separation/divorce) documents or letter from
• <u>Military Withdrawal</u> – Red	quires documentation from commanding	officer
	addressed in the categories outlined ab d party supporting documentation.	<u>pove</u> – Requires a written statement that explains your
Circumstances are limited to the reasons above.  Appeals provided to our office without documentation will be considered incomplete and your appeal will be denied.		
	STATEMENT OF UNDER	RSTANDING
Read the statements below care to the terms below.	efully and initial next to each statemen	t; then sign and date indicating you understand and agree
I understand that submission of this form does not mean my federal student aid eligibility will automatically be re-instated. My appeal will be reviewed by a Millersville University Financial Aid Counselor /Committee who will send notification of their decision within 14 calendar days to my Millersville student email address. I further understand this decision is final and not appealable.		
I understand if the appeal is denied I may have the opportunity to regain my financial aid eligibility. I acknowledge I have read and understand what is required of me in order to regain eligibility as outlined on the Financial Aid webpage: http://www.millersville.edu/finaid/eligibility/unusual-enrollment-history-ueh.php.		
REQUIRED SIGNATURES		
By signing below, I verify that I all	the information reported is complete	and accurate.

DATE:

STUDENT SIGNATURE