

Financial Aid Office

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

2024-2025 Unusual Enrollment Pattern

Student Name:

_Student ID#:_____

This form has two sides. Please read and complete BOTH sides.

Student: Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected by the U.S. Department of Education for review of your enrollment and federal financial aid history. Following the instructions below in items 1 and 2, submit this completed form and required documentation so that a determination as to your continued financial aid eligibility can be made. Write your name and ID at the top of each attached statement and document.

1. Enrollment History

On the reverse side of this form, list all schools from which you received Federal Pell Grant and/or Federal Direct Student Loan funding during award years 2020-2021, 2021-2022, 2022-2023 and 2023-2024. Access the National Student Loan Database (NSLDS) at <u>nslds.ed.gov</u> to assist you in providing this information.

- Include all schools from which you received Federal Pell Grant/Federal Direct Student Loan funds, even if you withdrew from, did not earn credit or failed to complete a class with a passing grade.
- Attach an official academic transcript for each school listed
- Incomplete submissions will be returned to you and will delay aid processing.

2. Failure to Earn Credit

For <u>each</u> school listed where you failed to earn credit, attach a <u>separate</u> statement explaining the circumstances resulting in your failure to earn credit. Include documents that support your statement of explanation. In most cases, the documentation needs to be from a third party, someone not related to you (work supervisor, medical professional, clergy, social worker, counselor, etc.) who is familiar with your situation and can support your case. The documentation should be on letterhead, where applicable, and include relevant dates. All letters must be signed.

Examples include:

- Death of an immediate relative or loved one. Indicate the relationship between yourself and the deceased, and include a copy of the death certificate/obituary.
- Documented illness or hospitalization of yourself, child, spouse, parent, or other close family member. Include dates, letter from doctor, and medical records. If you were the one who was ill or hospitalized, also include a letter from a medical professional addressing whether the issue has been resolved and indicating your readiness to return to school.
- Military withdrawal (include documentation from commanding officer).
- Victim of a crime or unexpected disaster (include a copy of police report, court records, insurance claims as to disaster, third-party letters).
- For other circumstances, explain the situation and include supporting documents from third parties familiar with your circumstances.

COMPLETE AND SIGN REVERSE SIDE OF THIS FORM.



Student:

List all colleges/universities attended where Federal Pell Grant and/or Federal Direct Student Loan funding was received during 2020-2021, 2021-2022, 2022-2023 and 2023-2024.

"Already submitted" below means you have provided a transcript to UW-Whitewater.*

If more space is needed, complete the list on an attached page with your name and ID on the top of the page.

College/University Name	Attendance (Month/Year to Month/Year)	Credits Earned?	Academic Transcript?
			Attached
		🗆 No	□ Already submitted*
		□ Yes	□ Attached
		□ No	□ Already submitted*
		□ Yes	□ Attached
		🗆 No	□ Already submitted*
		□ Yes	□ Attached
		🗆 No	□ Already submitted*
		□ Yes	□ Attached
		□ No	□ Already submitted*
		🗆 Yes	□ Attached
		🗆 No	\Box Already submitted*
		□ Yes	□ Attached
		□ No	□ Already submitted*

Determination of Student Financial Aid Eligibility

UW-Whitewater will review your transcripts and statements/documents to determine your financial aid eligibility. You will be notified if additional information is required. When review is complete, you will be notified of your continued financial aid eligibility.

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.

Student Signature

Date