Unusual Enrollment History Appeal Form

Student's Name: _____Student ID#: _____

Student's Phone #:_____ Student's Email Address:_____

The Department of Education has indicated an unusual enrollment history. This means the Department of Education is asking for our office to review your academic and financial aid history.

You may use this form to request a reevaluation of your ineligibility for financial aid based on unusual enrollment flag from the Department of Education. Appeals and supporting documentation are due as soon as possible, but no later than one week before classes are scheduled to begin. Appeals and supporting documentation received by the Office of Financial Aid after the deadline and after classes have begun require a course schedule with instructor's names. The instructor for each course will be contacted to confirm you are attending and participating in class. If the appeal and supporting documentation is received by the Office of Financial Aid after grades have been assessed those grades will be considered when determining your financial aid eligibility.

UNUSUAL ENROLLMENT HISTORY – Please address each of the colleges/universities and award years listed on the notification letter

☐ **Extenuating Medical Circumstances –** Attach a signed statement on letterhead from your health care provider attesting to the medical condition and dates of treatment.

☐ **Extenuating Personal Circumstances –** Attach a signed statement from a professional such as an attorney, counselor, resident hall advisor, employer or academic advisor verifying your situation and how it impacted your academic progress. If documentation is not available, be sure to address why in a letter.

☐ **Death in the immediate family** – Attach a photocopy of the death certificate or copy of obituary.

☐ **COVID-19: You experienced an interruption of instruction or campus operations resulting in one of the following: Illness (you or immediate family member), loss of childcare, need to become a caregiver or first responder, major change in work hours, or extreme economic hardship.** – Attach documentation that attest to your COVID-19 appeal. Examples could include confirmation of illness from doctor or counselor, travel records, proof of moving expenses, layoff notice or notification of change in hours, letter from childcare provider, or others as applicable. If COVID-19 documentation is not available, be sure to address why in a letter.

CERTIFICATION STATEMENT

I have enclosed a letter of explanation and supporting documentation addressing the circumstances surrounding my unusual enrollment history. I also understand that I must provide McKendree University with an academic transcript for all of my previous colleges and universities attended whether listed on the notification letter or not. I understand I will be notified by mail of the final decision at the address provided above.

Student's Signature:_____ Date: _____

Complete and return this form with supporting documentation to:
McKendree University
Office of Financial Aid
701 College Road, Lebanon, IL 62254
PHONE: (618)537-6828 FAX: (618)537-6530

OFFICE USE ONLY:

Approved: _____ Denied: _____ OFA Staff Signature:_____ Date:_____

Comments: _____