



**UNITED TRIBES®
TECHNICAL COLLEGE**

OFFICE OF FINANCIAL AID

3315 University Drive, Building 69
Bismarck, North Dakota 58504
701.221-1852 | www.uttc.edu

2018-2019 Unusual Enrollment History Review

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) has been selected for unusual enrollment history review because you have received the Federal Pell Grant at multiple postsecondary institutions. This review will analyze your completed enrollment, earned academic credit and federal student aid paid for the enrollment periods 2014-2015, 2015-2016, 2016-2017 and 2017-2018. The outcome of this review will determine your 2018-2019 eligibility for federal student aid at United Tribes Technical College (UTTC).

Student Name (print): _____ **UTTC ID:** _____

Phone: _____ **UTTC Email:** _____

List every institution of higher learning you have attended during the 2014-2015, 2015-2016, 2016-2017 and 2017-2018 academic years. **Attach an unofficial transcript from each of the institutions attended and a statement of explanation for any course for which you did not earn academic credit.** Attach any relevant documentation (i.e., medical bills, hospitalization records, statement from doctor, obituary, accident reports, letter from a third party, or legal documentation, etc.) If you do not submit the required documentation or leave pertinent sections of this form blank, you will remain ineligible for Title IV student aid.

NAME OF COLLEGE OR UNIVERSITY	DATES OF ATTENDANCE

If you have additional institutions to report, please attach on a separate sheet.

By signing below, I certify that the information submitted on and with this form is accurate and complete.

Student Signature

Date

Allow 10 business days for processing. You will be notified once your status has been reviewed via your UTTC student email.

Student Name: _____

UTTC ID# _____

Unusual Enrollment History Statement

If you did not earn academic credit hours at an institution during the 2014-2015, 2015-2016, 2016-2017 and 2017-2018 academic years, you must provide a written statement of the extenuating circumstance(s) and reasoning in the space provided below.

Return this form and supporting documentation to the UTTC Financial Aid Office.

OFFICE USE ONLY Reviewed by: _____ Review date: _____

Total Earned hours: _____ Total Attempted Hours: _____ Completion Rate: _____ Cumulative GPA: _____

____ All transcripts received ____ Credit was earned at each institution ____ **Approved** (Clear Flag) No other concerns
_____ **Approved one term, with stipulations**

____ Transcript needed from _____ (school), notification sent to student _____ (date) _____
_____ **Incomplete**

____ **Denied Aid:** ____ Insufficient documentation ____ Completion rate ____ Grade point average ____ Maximum hours

_____ Notify Student