

2018-2019 UNUSUAL ENROLLMENT HISTORY VERIFICATION FORM

A. STUDENT INFORMATION

Last Name (Print) First Name M.I.

Student ID (K00 Number)

Pipeline Email

Phone Number

B. ENROLLMENT HISTORY

You have been identified by FAFSA as a student with unusual enrollment history. SBCC is required to confirm your enrollment history for the last **four** academic years. The information you provide on this form will be verified with data from SBCC Admissions and Records, along with the National Student Loan Data System. If you have not already submitted your official transcripts to Admissions and Records, please do so as soon as possible, otherwise the Financial Aid Office will not be able to move forward with processing your aid.

Please list **ALL** colleges that you attended in the 2014-2015, 2015-2016, 2016-2017, and 2017-2018 academic years. Also, indicate whether you received Federal Pell Grant or Federal Direct Loans at those institutions, and whether you earned *any* academic credit. If you attended more colleges than the table allows, please attach an additional page.

Academic Year	Name of College	Did you receive Pell Grant?	Did you receive Direct Loans?	Did you earn <i>any</i> academic credit?
Example: 2014-2015	<i>ABC College</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

C. SIGNATURE

Signing this worksheet certifies that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student's Signature

Date