



RETURN TO: FINANCIAL AID OFFICE  
P. O. BOX 17065  
1400 J. R. LYNCH STREET  
JACKSON, MS 39217-0165  
OFFICE: 601-979-2227 • FAX: 601-979-2237  
EMAIL: [finaid@jsums.edu](mailto:finaid@jsums.edu)

## 2018-2019 Unusual Enrollment History (UEH) Form

The Financial Aid Office has received the results of your 2018-2019 Free Application for Federal Student Aid (FAFSA) indicating that you have an unusual enrollment history. Unusual enrollment history is defined as receiving federal aid funds at multiple institutions during these enrollment periods (2014-2015, 2015-2016, 2016-2017 and 2017-2018). Such an enrollment history requires a review to determine whether there are valid reasons for the unusual enrollment pattern. To be considered for financial aid you must complete and submit information about your enrollment records for each institution attended. Failure to return this form will delay the processing of your application for federal financial aid.

_____ Last Name	_____ First Name	_____ J-Number
_____ Social Security Number	_____ Date of Birth	_____ Email Address
_____ Program of Study		_____ Anticipated Graduation Date
Appeal is for which semester?    ____Fall    ____Spring    ____Summer    Year ____		

### FOR FINANCIAL AID OFFICE USE ONLY:

_____ Total Earned Hours	_____ Total Attempted Hours	_____ Completion Rate
_____ Cumulative GPA	_____ Previous Appeals	_____ EFC/Hours Enrolled
_____ Lifetime Pell Eligibility	_____ Previous Loans	_____ Balance

#### **Appeal DENIED Due to:**

\_\_\_\_ insufficient documentation  
\_\_\_\_ completion rate  
\_\_\_\_ grade point average  
\_\_\_\_ maximum hours  
\_\_\_\_ life-time eligibility for Pell

#### **Appeal APPROVED Due to:**

\_\_\_\_ automatic  
\_\_\_\_ one-term  
\_\_\_\_ final appeal

\_\_\_\_\_  
Financial Aid Administrator's Signature

\_\_\_\_\_  
Date

(Over)

\_\_\_\_\_  
(Student's Last Name)

\_\_\_\_\_  
(Student's First Name)

J\_\_\_\_\_  
(Student's J-Number)

**1) List every institution of higher learning below that you have attended and provide an academic transcript for each.**

Name of College or University	Dates of Attendance	Types of Aid Received (Pell Grant, Loans, etc.)

**2) Required Documentation and Reasons for the Appeal**

Complete all of the items below with as much detail as possible. The responses to the numbered items should be provided on a separate sheet(s) of paper and attached to this form. Make sure you include your Name and J-Number at the top of each sheet you submit.

1. Provide transcripts from each institution of higher learning (college or university) you have attended.
2. Provide your own written statement describing the reasons and the extenuating circumstances if you failed to earn any academic credit at college or university attended. Be specific and concise in your explanation. Incomplete information will cause a denial of your appeal request.
3. If medical problems played a role, attach your supporting evidence to support your particular situation.
4. You must include an Academic Plan developed by you and your Academic Advisor with this form.

**3) Initial Each Item Below to Indicate that You Have Read and Understand the Information:**

- \_\_\_\_\_ I understand that decisions on UEH appeals are processed on a case-by-case basis.
- \_\_\_\_\_ I understand that I must maintain enrollment and satisfactory academic progress to maintain eligibility in the future.
- \_\_\_\_\_ I understand that appeals turned in without supporting documents will be denied.
- \_\_\_\_\_ I understand that my appeal will not be reviewed until the current semesters grades have been evaluated.
- \_\_\_\_\_ I understand that the decision of the JSU Financial Aid Office for my UEH appeal is final.

**WARNING:** If you purposely give false or misleading information on this form, you may be fined, sentenced to prison, removed from financial aid and your appeal denied.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)