

RETURN TO: FINANCIAL AID OFFICE
P. O. BOX 17065
1400 J. R. LYNCH STREET
JACKSON, MS 39217-0165
OFFICE(866) THEEJSU/(866-843-3578) •FAX: 601-979-2237
EMAIL: finaid@jsums.edu

Unusual Enrollment History (UEH)2023 – 2024

aid eligibility can be determined. This is an appeal to be considered for financial aid.			
LAST NAME	FIRST NAME	MI	J NUMBER
Please list every institu	tion of higher learning attended	and provide transcripts for o	each.
Name of Co	ollege/University	Dates Attended	Received Academic Credit Yes or No
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