

Unusual Enrollment History Verification Transcript Request 2024-2025

Student Information			
Student's Name:			
Student's Address:	City:	State:	Zip:
Student's SFSC ID:	Phone: (_)	
Through your Free Application for Federal Student Aid (F you must be reviewed due to your unusual enrollment histor Federal Loan funds at multiple educational institutions for	ory, which is defined	as your having receive	d Federal Pell Grant
The following information must be submitted to the SFSC I	Financial Aid Office to	o determine your eligibi	lity for Financial Aid.
Transcripts			
List below every institution attended from the review period have not submitted transcripts to SFSC for any of the Registrar's Office for the review to be completed.			
Institution Name		Academic Years Attend	led
Academic Credit			
 Academic credit is considered to have been earned if the hours or clock hours. If you did not earn academic credit did not earn academic credit. Detailed, <u>signed</u>, and written statement that outline receiving academic credit. Relevant third-party documentation is required to verify the signing below, the student acknowledges and the significant credit did not earn academic credit. 	uring the review perions as extenuating circung verify your circumstar	nd you must attach the nstances that may have nces.	following: prevented you from
Print Student's Name Student's	Signature		te

Please submit all documents to SFSC Financial Aid Office 600 West College Drive, Building B, Avon Park, FL 33825 OR E-mail: FinancialAid@southflorida.edu