

Unusual Enrollment History Verification Transcript Request 2025-2026

Student Information		
Student's Name:	· · · · · · · · · · · · · · · · · · ·	
Student's Address:	City:	State:Zip:
Student's SFSC ID:	Phone: ()
Through your Free Application for Federal Student Aid () you must be reviewed due to your unusual enrollment his or Federal Loan funds at multiple educational institutions	story, which is defin	ned as your having received Federal Pell Grant
The following information must be submitted to the SFSC	Financial Aid Offic	ce to determine your eligibility for Financial Aid.
Tra	anscripts	
List below every institution attended institutions from 202 submitted transcripts to SFSC for any of these institutions for the review to be completed.		
Institution Name		Academic Years Attended
Acad	emic Credit	
 Academic credit is considered earned if the academic rehours. If you did not earn academic credit during the revie Detailed, <u>signed</u>, and written statement that outling receiving academic credit. Relevant third-party documentation is required to The student acknowledges and confirms that 	ew period you must nes extenuating circ verify your circums	t attach the following: cumstances that may have prevented you from stances.
Print Student's Name Student's	's Signature	Date

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

Revised: 12.6.2024 KJS