



Beaufort County Community College

Office of Financial Aid

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2020-2021

Unusual Enrollment History (UEH) Appeal

Student Name: _____ **Student ID:** _____

The Financial Aid Office has received the results of your 2020-2021 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 (2016-2017, 2017-2018, 2018-2019, and 2019-2020). 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.

You are appealing for which semester? **FALL 2020** **SPRING 2021** **SUMMER 2021**

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

Academic Year	Name of College/University	Dates of Attendance	Types of Aid Received (Pell, Scholarships, Loans, etc.)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Required Documentation and Reasons for the Appeal

- Provide official transcript from each institution of higher learning (college or university) you have attended during the years listed above.
- If medical problems played a role, attach your supporting evidence to support your particular situation.
- You must include an Academic Plan developed by you and your Academic Advisor with this form. (Page 2)

Statements of Understanding:

- 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 incomplete appeals submitted 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 BCCC Financial Aid Office for UEH appeal is final.

Certification and Signature

By signing below, I certify that all of the information reported on this form and any documentation provided is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Student Name: _____ Student ID: _____

TO BE COMPLETED WITH FACULTY/ACADEMIC ADVISOR

Program Name: _____ Program Number: _____

List the classes recommend for the student to enroll in the next term, and the total hours remaining for the student to graduate.

Please list the TOTAL HOURS REMAINING to complete current program: _____

Course Number	Section Number	Course Name	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Semester Hours: _____

COMMENTS:

Advisor Signature

Advisor - Print Name

Date

Student Name: _____ Student ID: _____

FOR FINANCIAL AID OFFICE USE ONLY

Name of Program: _____

Total Hours Attempted: _____ Total Hours Completed: _____ Pell LEU: _____

Completion Rate (Pace): _____ GPA: _____ 150% Hrs. of Program: _____

Previous UEH Appeal: Yes No

Years Attended	Institutions Attended	Official Transcripts Received and Reviewed
2016-2017		<input type="checkbox"/> Yes <input type="checkbox"/> No
2017-2018		<input type="checkbox"/> Yes <input type="checkbox"/> No
2018-2019		<input type="checkbox"/> Yes <input type="checkbox"/> No
2019-2020		<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL AID APPEAL DECISION

A decision has been made to approve deny the financial aid appeal for the student listed.

APPEAL DENIED DUE TO:	APPEAL APPROVED DUE TO:
<input type="checkbox"/> Insufficient Documentation	<input type="checkbox"/> FAA approved (UEH "2")
<input type="checkbox"/> Completion Rate	<input type="checkbox"/> For one term
<input type="checkbox"/> Grade Point Average	<input type="checkbox"/> Approved (FINAL APPEAL)
<input type="checkbox"/> Maximum Timeframe	
<input type="checkbox"/> Reached Pell LEU	

Comments:

FINANCIAL AID ADMINISTRATOR SIGNATURE **DATE**