2021–2022 Unusual Enrollment History Form

All documents are required in the Financial Aid Office by May 1, the priority processing date for the fall semester or within 30 days from the first request.

Your 2021–20212Free Application for Federal Student Aid (FAFSA) was selected for review due to your unusual enrollment history in college. Federal regulations dictate that we must ask you for additional information before determining your eligibility for federal student aid. The purpose of this form is to analyze your receipt of Pell Grant over the past four years.

Last Name	First Name			M.I.			MCC Student ID #		
			()					
Student's E-I	mail Home Phone Num			Number	ber		Date of Birth		
Schools	Attended								
•		colleges attended	during the t	ime fran	ne listed below	. If you attended	I multiple schools	s during the indicate	
	frame, attach an additional page listing all schools you attended.								
•	You must attach an official academic transcript from each college attended.								
•	Failure to report all colleges with attached transcripts will result in denial of your request for financial aid at MCC.								
	Name of College				Dates Attended		Did You Earn Credits?		
					2)17-2018	Yes	No	
					20	018-2019	Yes	No	
					2	019-2020	Yes	No	
					20	020-2021	Yes	No	
	Documented hospitalization or illness of self, child or parent (if self, must include dates and medical records as to the student's readiness to return to school) Military withdrawal (include documentation from commanding officer) Victim of a crime or unexpected disaster (include copy of police report, third party letters, etc.) Other circumstances not addressed in the above categories. Submit a written statement that explains your situation including supporting documentation.								
Cautifia			ation.						
	ation and Sign								
Deper	<u>ndent Student</u> : Stu	ident and one parent m	ormation reported on this worksheet is complete and correct. ent and one parent must sign this worksheet. e student must sign this worksheet.			WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.			
Student's	: Signature		Date	_	Parent's Signatu	re (if dependent stud		Date	
Student S	Signature	Submit the completed worksheet to:		Parent's Signature (if dependent stu Or mail to:		icing	Dute		
					លៈ on Community Col	lege			
					ancial Aid Office	- 			
		Or FAX to: 221 S Quart			arterline Road				
		FAX: (231) 777-	·		Muskegon, MI 49442				

You should make a copy of all documents submitted for your records