



John A. Logan College
700 Logan College Drive
Carterville, IL 62918

Phone 618-985-3741 Fax 618-985-4116 or 618-985-9751

2019-2020

Unusual Enrollment History

The U.S. Department of Education has selected your **2019-2020** Free Application for Federal Student Aid (FAFSA) for review due to your unusual enrollment history. An unusual enrollment history is defined as having attended and received Pell Grant funds from multiple colleges/universities during the review period of **2014-2015, 2015-2016, 2016-2017, 2017-2018 and 2018-2019**. To process your financial assistance, John A. Logan College is required to review your enrollment history and determine whether you are eligible to receive federal student aid. During this process, the Office of Financial Aid will review the National Student Loan Data System (NSLDS) for a complete history of the Federal Pell grants you have received.

Section A: Student's Information

_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Birth Date	SSN/Student ID
_____		_____	_____	_____
Street Address		City	State	Zip Code

Home Phone and/or Cell Phone (include area code)				

Section B: Colleges or Universities Attended

Please list all institutions attended during the academic period of **2014-2015, 2015-2016, 2016-2017, 2017-2018 and 2018-2019**. You may review your enrollment history by visiting www.nsls.ed.gov. Attach *an official or Un-Official Academic Transcript (s)* from each institution.

Name of School	Dates of Attendance	Transcripts

Please explain why you have attended the colleges/universities you have within the past four academic years.

Please explain any failing grades and/or withdraws on each transcript.

I certify that the information I have provided is accurate to the best of my knowledge. I understand that this form, my written explanation, the documentation submitted and the results of this process will become part of my educational record at John A. Logan College.

Student's signature _____ Date: _____

Office use only:
Financial Aid Office: Approve Deny
Financial Aid Office Signature: _____ Date: _____