



Return this form to:
Mail: HCC Financial Aid
 606 West Main
 Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106
Phone: 785-442-6000 ext. 2002

2023-2024 Unusual Enrollment History

Student Information

_____	_____	_____	_____
Last Name	First Name	MI	Student ID
_____	_____	_____	
Date of Birth	Telephone Number	E-Mail Address	

The U.S. Department of education flags students who received Federal Pell Grant funds at multiple institutions during the review period 2019-2020, 2020-2021, 2021-2022, 2022-2023. This flag requires Highland Community College to review your enrollment history and determine whether or not you are eligible to receive financial aid funds.

- If you successfully completed at least one course at each school you attended in the years referenced above, completion of this form **may** be sufficient documentation to satisfy the review requirement.
 - However, additional documentation may be requested at the discretion of the Financial Aid Office.
- If you have not successfully completed at least one class at each school you attended in the years referenced above, further information is required.

Enrollment History

Please check ONE of the boxes below that describes your enrollment for award years 2019-2020, 2020-2021, 2021-2022, 2022-2023.

- 1. I attended at least one other school during the four award years above, completed at least one course at each school, AND transcripts from those schools are attached.
- 2. I attended at least one other school during the four award years, did NOT complete at least one course at each school, AND transcripts from those schools are attached.
 - Submit a typed personal statement detailing why you failed to earn any academic credits.
 - Submit third party documentation supporting personal statement.

Schools attended are listed below (If Highland Community College is a school you attended during this period of time, you must include it on this form.):

_____	_____
Name of School	Dates Attended (MM/YY to MM/YY)
_____	_____
Name of School	Dates Attended (MM/YY to MM/YY)
_____	_____
Name of School	Dates Attended (MM/YY to MM/YY)
_____	_____
Name of School	Dates Attended (MM/YY to MM/YY)

If you have attended more than three additional schools, please list those schools on a separate page.

I certify the information provided in this appeal is true and accurate.

_____	_____
Student Signature (Signature must be handwritten; digital signatures not accepted.)	Date