



**Return this form to:**  
**Mail:** HCC Financial Aid  
 606 West Main  
 Highland KS, 66035  
**Email:** [financialaid@highlandcc.edu](mailto:financialaid@highlandcc.edu)  
**Fax:** 785-442-6106  
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## 2024-2025 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 2020-2021, 2021-2022, 2022-2023, 2023-2024. 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 2020-2021, 2021-2022, 2022-2023, 2023-2024.

- 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