

Financial Aid Offices

Lancaster, Salkehatchie, Sumter, Union

2017 - 2018 UNUSUAL ENROLLMENT HISTORY

Student's Name			VIP ID	
Federal Direct Loans academic years. Thi	s at multiple institution	ons during the 20 review your enr	nts who have received Feder 113-2014, 2014-2015, 2015- ollment history and determ	2016, and 2016-2017
years that inclu 2. Attach an offici 3. If you failed to 2016-2017 atta • A detailed, • Supporting	ed. Please list all institude 2013-2014, 2014- ial academic transcriptearn academic creditach: signed statement exp	2015, 2015-2016 of the at any institution plaining why you are impartial this	institutions listed. n during 2013-2014, 2014-2 failed to earn academic cre rd party with knowledge or	015, 2015-2016 and
social worker, t	teacher, religious lead	der, employer or	a statement from a physicial official documents such as a nily member, friend, or roon	a death certificate,
		ned and notarize	d or signed and on letterhe	ad.
Written docum	Name of School/Location Name of School/Location xample University/ Town,	ned and notarize	-	
Written docum	Name of School/Location	ned and notarize	Dates of Attendance (From – To)	ad.
Written docum (E) Hereby certify that False statements or	Name of School/Location xample University/ Town,	ned and notarize n .sc)	Dates of Attendance (From – To)	Financial Aid Received To are complete and accur
Written docum (E) I hereby certify that False statements or financial aid.	Name of School/Location xample University/ Town,	ned and notarize n .sc)	Dates of Attendance (From – To) (mmyyyy-mmyyyy) and any attachments heret	Financial Aid Received To are complete and accur
Written docum (E) I hereby certify that False statements or financial aid. Student's Signature	Name of School/Location xample University/ Town,	ned and notarize n sc) rted on this form ill be cause for d	Dates of Attendance (From – To) (mmyyyy-mmyyyy) and any attachments heret enial, reduction, withdrawa	Financial Aid Received To are complete and accur I, and/or repayment of
Written docum (E) I hereby certify that False statements or financial aid. Student's Signature	Name of School/Location xample University/ Town,	rted on this form ill be cause for d	Dates of Attendance (From – To) (mmyyyy-mmyyyy) and any attachments heret enial, reduction, withdrawa FFICE USE ONLY ived/initials:	Financial Aid Received To are complete and accur I, and/or repayment of
Written docum (E) I hereby certify that False statements or financial aid. Student's Signature Are all supporting d	Name of School/Location xample University/ Town,	rted on this form ill be cause for d	Dates of Attendance (From – To) (mmyyyy-mmyyyy) and any attachments heret enial, reduction, withdrawa	Financial Aid Received To are complete and accurate, and/or repayment of