



Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-3100

Excellence With Caring

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID

TELEPHONE (850) 599-3730
FAX (850) 561-2730

2021–2022 Unusual Enrollment History Appeal Form

The U.S. Department of Education has indicated that you have had an unusual enrollment history while receiving Federal financial aid funds. Students who have attended multiple schools and received Federal financial aid in a short period of time may be considered to have an unusual enrollment history. You must submit your completed Unusual Enrollment History Appeal with all **REQUIRED** documentation listed below. Appeals submitted without supporting documentation will be considered **INCOMPLETE** and will not be processed.

STUDENT INFORMATION

Last Name		First Name	M.I.	Student ID Number
Local Address (include apt. no.)				Date of Birth
City	State	Zip Code		FAMU Email Address
()		()		
Home Phone Number (include area code)			Cell Phone Number	

STEP 1: Letter Explaining Circumstance for Appeal

If you failed to earn academic credit while receiving Federal aid, the U.S. Department of Education **REQUIRES** you to explain the circumstances which resulted in your failure to complete academic credits. Please submit along with this form a typed statement which provides an explanation for your failure to earn academic credit. Please refer to a situation that occurred during those academic terms in which you failed to earn credit.

STEP 2: Supporting Documentation:

You must provide documentation to support the circumstance(s) in your appeal. Circumstances are limited to the reasons below. Appeals submitted without documentation will be considered **INCOMPLETE AND WILL BE DENIED**.

- Personal injury or illness (must have occurred during semester(s) of academic difficulty) – Requires doctor’s statement, hospital records, or accident/police report
- Death or serious illness of an immediate family member** (parents, grandparents, children, spouse, sibling) – Requires doctor’s statement, hospital records or a death certificate/obituary notice
- Employment changes** – Requires documents to show loss of job or other changes in employment
- Divorce or separation in the student’s immediate family** – Requires divorce/separation documents or letter from attorney
- Other** – Requires supporting documentation

I hereby certify that all information provided on this form is true, complete and correct to the best of my knowledge.

Student’s Signature

Date

PLEASE SUBMIT THIS COMPLETED FORM, ALONG WITH SUPPORTING DOCUMENTATION TO: OFFICE OF FINANCIAL AID, 1735 Wahnish Way, Suite 203, TALLAHASSEE, FL 32307

OFFICE USE ONLY

Date request completed ____/____/____

Processed by: _____

Approved Denied