# COLLEGE OF THE OUACHITAS

**Financial Aid Office, One College Circle, Malvern, AR 72104**
**Phone (501) 337-5000 Fax (501) 337-9382**

## 2016-2017
## UNUSUAL ENROLLMENT HISTORY VERIFICATION

The U.S. Department of Education has determined that you have an unusual enrollment history. This has resulted in a denial of any additional Federal Title IV funds. The following information below must be submitted to our office to assist in the determination of your federal financial aid eligibility. Our office will then review the information you have provided and may request additional documentation, if necessary. Return this form and any additional documents by mail, fax, email or in person to the Financial Aid Office. Please complete this form using ink. Electronic or typed signatures are not acceptable.

**Student:**

_____ _____

Last Name First Name M.I. Social Security Number/ID

**Instructions**

1. Access the National Student Loan Database (NSLDS) at www.nslds.ed.gov to assist you in filling out the information below.
2. In the section below, list all schools for which you received Federal Pell or Direct Loan funds during the 2012-2013, 2013-2014, 2014-2015 and 2015-2016 academic years. Using NSLDS, you will be able view your records associated with the school you attended. Please attach an additional sheet of paper if more space is needed.
3. You must provide official academic transcripts from all schools listed unless College of the Ouachitas has accepted transfer credit from that school(s). Official transcript(s) should have already be submitted to the Admission/Registrar's Office as a part of the admissions process.

**Schools Attended**

| Name of School | Dates of Attendance | Number of Credit Hours Earned |
|---|---|---|
| | | |
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If you answered "0", zero, to the Credit Hours Earned questions for any of the schools you listed above, you must provide an explanation of the special circumstance(s) that caused your failure to earn academic credit hours and provide third-party documentation to support your explanation. College of the Ouachitas will review your academic transcripts and/or explanation and documentation to determine your financial aid eligibility. If your financial aid is reinstated, you will be notified by email.

**Signature**

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 proves will become a part of my financial aid file.

_____ _____

**Student's Signature** **Date**