



Office of Financial Aid  
 8800 O Street  
 Lincoln, NE 68520  
 Ph: 402-437-2610  
 Fax: 402-437-2402  
 financialaid@southeast.edu

## 2019-2020 FAFSA Verification Student Unusual Enrollment History Form

**Student Name:** \_\_\_\_\_ **Student SCC ID:** \_\_\_\_\_

**Please complete this form per instructions and return it to the Office of Financial Aid at Southeast Community College as soon as possible. \* Be sure to include your name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.**

- List all schools attended during the 2015-16, 2016-17, 2017-18 and the 2018-19 academic school year, and indicate if you earned credits at each institution by circling **yes** or **no**.
- If credits were **not** earned at one or more of the schools listed below, please attach a statement that explains why.
- Provide unofficial transcripts for each school listed. (If transcripts have already been submitted to SCC please indicate for which schools here: \_\_\_\_\_.)

**\*Once all information is received, your file will be reviewed for eligibility.**

INSTITUTION ATTENDED	YEARS ATTENDED	Did you earn credits? (check Yes or No)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

*(If additional space is needed please attach a separate page).*

**By signing this form I acknowledge the following:**

I certify that all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

**Signature is required of the student whose information has been reported on this form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_