

2020-2021 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 2016-17, 2017-18, 2018-19 and the 2019-20 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: _____