

Unusual Enrollment History Verification Form 2017-2018

Type or write in **BLACK** ink. **DO NOT** use pencil.

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY <input type="checkbox"/> GRAD ELLER			

Verification Guidelines

A student may be flagged for Unusual Enrollment History Review by the U.S. Department of Education because they received Federal funds at multiple education institutions during the review period (2013-2014, 2014-2015, 2015-2016 and 2016-2017 academic years). This flag requires the Office of Scholarships and Financial Aid (OSFA) to review the student's enrollment history during the review period. Submission of this form does not guarantee the reinstatement of financial aid.

DOCUMENTATION

- List below the name of any/all institution(s) at which you received federal student aid during the review period (2013-2014, 2014-2015, 2015-2016 and 2016-2017 academic years) and **did not earn any academic credit**.

- For **each** school listed above, **attach a personal statement** explaining the reason for your failure to earn any academic credit at that institution while receiving federal student aid during the review period. Attach any relevant supporting documentation and **include your student ID number at the top of each page**. All documentation submitted is confidential. Some examples of unusual circumstances follow, along with examples of appropriate supporting documentation:

Circumstance	Examples of Supporting Documentation
The student's own mental or physical illness, injury or disability	Verification of Health-Related Reasons for OSFA form from Campus Health* and personal statement
Personal circumstances beyond the student's control, other than the student's own mental or physical illness or injury or disability	Provide a written statement from an attorney, professional advisor or other individual describing circumstances and personal statement

STUDENT CERTIFICATION

I certify that all information submitted is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. I have attached my personal statement(s) explaining my circumstances at each school listed above.

Student Signature _____ Date _____

*** Verification of Health-Related Reasons for OSFA form from Campus Health:** Provide a letter or medical documentation to Campus Health, to the attention of:

Harry McDermott, MD, MPH
Physician, Campus Health Service
P.O. Box 210095
Tucson, AZ 85721-0095
FAX: 520-621-8412

Campus Health Service will review the documentation and, if it meets the conditions for appeal based upon your own mental or physical illness or injury or disability for the review period, they will issue a Verification of Health-Related Reasons for OSFA form. The Verification form will include the dates of onset of the condition and the dates through which such condition continued, but will not include information related to the nature of the condition. You must attach the Campus Health Verification form to your UEH verification form and return it, along with a personal statement, to OSFA. The Campus Health Verification form alone (turned in without a student personal statement) is not sufficient documentation for UEH verification approval.



**SCHOLARSHIPS
& FINANCIAL AID**

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