

For office use ONLY	
<input type="checkbox"/> 359	<input type="checkbox"/> 360

CNR Office of Student Financial Aid
2018-2019 Unusual Enrollment History Form

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review by the Department of Education, due to your unusual enrollment history in college. Federal regulations require us to ask you for additional information before determining your eligibility for federal student aid. Along with this form, we must review academic transcript(s) or grade report(s) showing dates attended and credits earned for all schools listed in Section 3. If your transcripts for the terms and aid years described below are retained with the Admission’s Office, the Office of Student Financial Aid will not need for you to submit additional copies.

SECTION 1. STUDENT INFORMATION

Last Name	First Name	Banner ID
Email Address	Phone Number	

SECTION 2. COLLEGES ATTENDED

Name of School	Dates of Attendance	Credits Earned?	Transcripts
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

The College of New Rochelle

SECTION 3. CREDIT NOT EARNED

Complete the chart below if you did not earn credits at any of the school(s) listed in SECTION 2. You must provide an explanation for lack of credit, in addition to supporting third-party documentation. Examples of appropriate third party documentation are listed below:

- If you, your child, or your parent/spouse experienced illness or were hospitalized, please provide documentation on letterhead of dates and, if applicable, a physician’s decision of the student’s release to return to school.
- If you experienced the death of an immediate family member, please provide the relationship of this person and a copy of the death certificate.
- If you had military obligations, please provide appropriate documentation from your commanding officer.
- If you were the victim of a crime or unexpected disaster, please provide a copy of the police report and/or other documentation appropriate to your situation.
- Other reasons, please attach detailed documentation explaining your circumstance.

Name of School	Explanation for Lack of Credit

SECTION 4. SIGNATURES

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that the Office of Student Financial Aid reserves the right to request additional information as needed. If dependent, at least one parent must sign. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Parent Signature (Dependent Students Only)

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