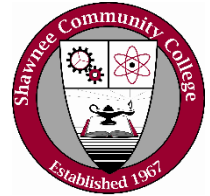




Shawnee Community College 2024-2025 Unusual Enrollment History

8364 Shawnee College Rd. Ullin, IL 62992
Phone: 618-634-3200 Opt1, Opt2
Email: finaid@shawneecc.edu



Name _____ SCC ID (REQUIRED) _____

Address _____

Date of Birth _____ Phone Number _____

The U.S. Department of Education has selected your 2024-2025 Free Application for Federal Student Aid (FAFSA) for review due to your unusual enrollment history. An unusual enrollment history is defined as having attended and received Pell Grant or Direct Loan funds from multiple colleges/universities during the award period of 2020-2021, 2021-2022, 2022-2023, and 2023-2024. In order to process your financial aid, Shawnee Community College is required to review your enrollment history and determine whether you are eligible to receive federal student aid. During this process, the Office of Financial Aid will review the National Student Loan Data System (NSLDS) for a complete history of the Federal Pell grants or Direct Loan funds you have received. You can view the history of your Federal Pell grants or Direct Loan funds at studentaid.gov.

Please list all institutions attended from Fall 2020 – Summer 2024.

(For each institution listed, please attach an official OR unofficial academic transcript with this form)

Name of Institution	Date(s) of Attendance

If you received any failing grades and/or withdraws at one or more of the institutions listed above, please attach a statement on a separate piece of paper explaining why, and include a handwritten signature and date.

Read, Sign, and Return this form and all supporting documentation to Shawnee Community College Financial Aid Office.

I certify that, to the best of my knowledge, all of the information on this form and the attached documentation is true and complete. If asked by the financial aid office to provide additional supporting documentation, I agree to do so in a timely manner. I understand that the Unusual Enrollment History Form will not be reviewed and/or processed if I do not provide all the information and/or requested documentation. Furthermore, I understand that the information provided will be used to determine my Title IV eligibility.

Student Signature _____ Date _____

For Office Use Only	
Approved _____	Denied _____
Signature: _____	Date: _____