



Last Name: _____ First Name: _____ SSC ID: _____

The U.S. Department of Education has established requirements to help prevent fraud and abuse in the federal programs by identifying students with unusual enrollment patterns. For the 2026-2027 award year, the U.S. Department of Education has flagged your FAFSA indicating an unusual enrollment history. This flag requires South Suburban College to review your enrollment history at each institution that you received federal aid for the academic year(s): **2022-2023, 2023-2024, 2024-2025, 2025-2026** prior to awarding you financial aid. **PLEASE WRITE STUDENT NAME AND ID ON ALL DOCUMENTATION.**

Instructions: Login at www.studentaid.gov using your FSA ID and password (click on menu/My Enrollment) to assist you in completing this form.

STEP 1: South Suburban College History

Did you receive financial aid at South Suburban College during the following academic years: **2022-2023, 2023-2024, 2024-2025, 2025-2026** and earn academic credit?

- ☐ Yes (If you answered yes to Step 1, skip to Step 4 (sign the form and submit to the Financial Aid Office))
- ☐ No (If you answered No, complete steps 2-4)

STEP 2: College or Universities Attended

Please list all institutions attended for the following academic years: 2022-2023, 2023-2024, 2024-2025, 2025-2026. If South Suburban College Financial Aid office does not have a copy of your official or unofficial transcript(s) on file. Please attach. ***Earning credit is defined as passing at least one course (grade of A,B,C,D,P,)**

Name of Institution Attended	Year(s) Attended	Transcript	Credit Earned
1.		☐ On file ☐ Attached	☐ Yes ☐ No
2.		☐ On file ☐ Attached	☐ Yes ☐ No
3.		☐ On file ☐ Attached	☐ Yes ☐ No
4.		☐ On file ☐ Attached	☐ Yes ☐ No
5.		☐ On file ☐ Attached	☐ Yes ☐ No

If you earned credit at each institution listed, complete Step 4 and submit form to the Financial Aid Office for review.

STEP 3: EXPLANATION OF EXTENUATING CIRCUMSTANCES

If you answered "NO" to the Credits Earned question for any of the college/universities where you received Financial Aid. Please check the box that applies and attach an explanation for your failure to earn credits for the award years(s) specified. Your application for financial aid will not be considered until you submit this form and required documentation to the Financial Aid Office for review.

Circumstance	Action Required
☐ Personal injury or illness (must have occurred during semester(s) of academic difficulty)	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework 2. Attach a copy of doctor's statement, hospital records or accident/police report.
☐ Death or serious illness of an immediate family member (parents, grandparents, children, spouse, sibling)	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach a copy of doctor's statement or death certificate/obituary notice.
☐ Employment Changes	1. Attach a brief explanation of the situation, the date(s), how it negatively affected your coursework. 2. Attach documents showing job loss or change in employment
☐ Divorce or separation in the student's immediate family	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach divorce/separation documents with court stamp or letter from attorney
☐ Military Obligations	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach letter from commanding officer
☐ Other	1. Attach a brief explanation of the situation, the date(s), and how it negatively affected your coursework. 2. Attach supporting documentation

STEP 4: CERTIFICATION AND SIGNATURE

I certify that all information on this form is true, complete and accurate. Upon request, I agree to provide additional proof of the Information reported on this form. **Warning:** If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY: ☐UEH Approved ☐UEH Denied Reason:_____

FAA: _____ Date: _____