



# 2019-2020 Unusual Enrollment History Review

## Financial Aid Office

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STUDENT NAME \_\_\_\_\_

MCNY ID# \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) has been flagged for “Unusual Enrollment History Review” by the U.S. Department of Education because you received Federal Pell Grant and/or Federal Direct Loan funds at multiple education institutions during the review period 2015-16, 2016-17, 2017-18, 2018-19, and 2019-20. This flag requires MCNY to review your enrollment history and determine whether or not you are enrolling only long enough to receive cash refunds of federal student aid. In the process of reviewing your enrollment history, MCNY will check the National Student Loan Data System (NSLDS) to obtain a complete history: the name of institutions you have attended, and the dates of attendance.

**Please complete the steps below.** Your application for financial aid will not be considered until you submit this completed form and required documentation. You will be notified via e-mail of our decision within 10 days of completing these requirements.

**STEP 1:** Obtain an academic transcript or grade report for the entire time you received Federal Pell Grant and/or Federal Direct Loan funds at any/all education institutions during the review period (2015-16, 2016-17, 2017-18, 2018-19, and 2019-20). **Add your name and MCNY ID# to the top of each page.** Note that, if any transcripts/grade reports are unclear, you will be required to provide an official academic transcript.

**STEP 2:** List below the name of any/all education institution/s at which you received Federal Pell Grant and/or Federal Direct Loan funds during the review period and did not earn any academic credit. If you need additional space, please attach a separate page. **Include your name and MCNY ID# at the top of each page.**

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**STEP 3:** For each school listed in Step 2, attach a statement explaining the reason for your failure to earn any academic credit at that institution while receiving Federal Pell Grant and/or Federal Direct Loan funds during the review period. Attach any relevant documentation (i.e., medical bills, hospitalization records, accident reports, etc.) and **include your name and MCNY ID# at the top of each page.**

**By signing below, I certify that the information submitted on and with this form is accurate and complete.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE