



**Financial Aid**  
 303 University Avenue, Newark, NJ 07102-1798  
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 Room 3220 | www.essex.edu/fa

**2022-23  
 UNUSUAL ENROLLMENT  
 HISTORY FORM**

Please print or type clearly

STUDENT LAST NAME	FIRST NAME	ECC ID #	HOME PHONE	CELL PHONE

From your filing the *Free Application for Federal Student Aid (FAFSA®)*, the US Department of Education's central processor has indicated an unusual enrollment history for you. The US Department of Education's Unusual Enrollment History review requirements are intended to address possible fraud and abuse in the Title IV federal student financial aid programs, as they are concerned about specific enrollment pattern(s) such as where the student attends an institution long enough to receive Title IV federal student aid credit balance funds, leaves without completing the enrollment period, enrolls at another institution, and repeats the pattern of remaining just long enough to collect another Title IV federal student aid credit balance without having earned any academic credit.

Some students who have an unusual enrollment history have legitimate reasons for enrollment at multiple institutions. Such an enrollment history, however, requires a review by our office to determine whether there are valid reasons for the unusual enrollment history. Resolution of a UEH review process is separate and distinct from verification requirements/processes.

The award years monitored for unusual enrollment are the four award years preceding the current FAFSA® award year.

**COLLEGES/UNIVERSITIES ATTENDED**

- Please list all colleges or universities that you attended for the specific academic year listed. If you attended multiple colleges/universities in an indicated academic year, attach an additional page listing those colleges/universities attended and include your name and ECC ID at the top of each page.
- Please list all colleges/universities even if you withdrew during the semester.
- Attach an unofficial academic transcript for each college attended unless we specifically ask for an official academic transcript.
- ***Any omission of colleges/universities attended previous to Essex County College will result in summary denial of your request for Federal student aid consideration.***

Name of College/University	Dates Attended	Were Academic Credits Earned (check)			
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2019-20	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2020-21	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2021-22	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**USUAL ENROLLMENT HISTORY AND SUPPORTING DOCUMENTATION**

Please detail circumstances pertinent to your unusual enrollment history below. (attach additional pages if needed)


Please include any supporting, third-party documentation to support your assertion(s). Examples in the chart below are illustrative and not exhaustive.

<b>EXTENUATING CIRCUMSTANCE(S)</b>		<b>REQUIRED DOCUMENTATION</b> Correspondence from professionals must be on professional letterhead, signed, and dated)
<b>Employment-Related</b>	Required overtime and/or change in work schedule	<ul style="list-style-type: none"> <li>Letter from employer, including effective date(s) and whether the increase in hours was necessary</li> </ul>
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> <li>Correspondence from employer</li> <li>Termination/separation letter</li> </ul>
<b>Medical Condition</b>	Serious illness or change in health status	<ul style="list-style-type: none"> <li>Correspondence stating medical advisory for period of recovery/home rest</li> <li>Record of medical appointment(s)</li> <li>Copies of medical bills documenting illness/injury</li> </ul>
	Surgery/hospitalization	<ul style="list-style-type: none"> <li>Correspondence stating medical advisory for period of recovery</li> <li>Record of medical appointment(s)</li> <li>Copies of medical bills documenting illness/injury</li> </ul>
	Mental health issue	<ul style="list-style-type: none"> <li>Correspondence from doctor, therapist, and/or counselor</li> </ul>
	Dental emergency	<ul style="list-style-type: none"> <li>Record of dental visit(s)</li> <li>Correspondence from dentist (or letter from dentist advising of period of recovery)</li> </ul>
<b>Student Child/Children</b>	Child's medical condition	<ul style="list-style-type: none"> <li>Records from daycare/school that child was required to be kept home (specify the reasons for which alternative daycare was not valuable and what the specific plan would be if this occurred again in the future).</li> <li>Appointment records from medical provider</li> <li>Letter from medical provider advising period of recovery</li> </ul>
	Daycare issue	<ul style="list-style-type: none"> <li>Letter from former daycare provider</li> <li>Letter from new daycare provider</li> </ul>
<b>Other Circumstances</b>	Death of a loved one	<ul style="list-style-type: none"> <li>Obituary</li> <li>Funeral program</li> <li>Letter from counselor</li> </ul>
	Eviction	<ul style="list-style-type: none"> <li>Eviction notice</li> <li>Letter from transitional housing program</li> </ul>
	Assault/domestic violence	<ul style="list-style-type: none"> <li>Law Enforcement Report</li> <li>Court documentation</li> <li>Correspondence from clergy, social worker, counselor and/or medical provider.</li> </ul>

\_\_\_\_\_ I will/ \_\_\_\_\_ I will not provide extenuating circumstances documentation

**Certification**

By signing this form, I attest that all information provided is true and correct. Full, complete signature only.

Signature (Full signature, no initials)	Date