



**Return this form to any of the following:**

- Poteau: Hemphill Hall – HH1102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

## Unusual Enrollment History Appeal Form

Student Name:	Student ID#:
Phone Number:	Date of Birth:

Due to the Department of Education’s efforts to prevent fraud and abuse in the Federal Pell Grant Program, they will identify students with an Unusual Enrollment History (UEH). An example of a UEH is one where the student attends an institution long enough to receive a Title IV refund, leaves without completing the enrollment period, enrolls at another institution, and repeats the pattern of remaining just long enough to receive another Title IV refund without having earned any academic credit.

**To be considered for an appeal, you must:**

- Attach a signed and dated statement that explains in detail the extenuating circumstances causing the transfer(s) between institutions.
- List all previously attended institutions below.

Name of Schools Attended	Transcripts submitted to CASC? YES or NO	
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO

Your appeal will be reviewed by a committee and the committee’s decision will be communicated through your CASC email account.

I understand that, should this appeal be granted, I may be placed on an Academic Plan with the receipt of financial aid for subsequent semesters contingent upon my academic performance during the Academic Plan period. I understand that the committee’s decision is final.

My signature certifies that everything I have stated is true to the best of my knowledge. Should the committee find anything provided in support of my appeal to be inaccurate, I understand that my appeal will be denied.

\_\_\_\_\_  
**Student’s Signature** (cannot be typed)

\_\_\_\_\_  
**Date**