

Student Name: _____

Roosevelt ID: _____

Your 2018-2019 FAFSA (Free Application for Federal Student Aid) has been selected for ‘Unusual Enrollment History’ review by the U.S. Department of Education because you have received the Federal Pell Grant and/or Federal Loans at multiple postsecondary institutions. This review will analyze your completed enrollment, earned academic credit, and federal student aid paid for the enrollment periods 2014-2015, 2015-2016, 2016-2017 and 2017-2018. The outcome of this review will determine your 2018-2019 eligibility for federal student aid at Roosevelt University. Student name and RU ID must be on all documents submitted. You will be notified in writing within 5-7 days about the outcome of your appeal. Appeals that do not have all requirements submitted within the 5-7 day review period may be suspended or cancelled. **You are not eligible for federal student aid until this requirement is complete.** You are responsible for the payment of any institutional charges due to Roosevelt University by the published due dates.

Colleges and Universities Attended

Please list all institutions attended during the enrollment periods 2014-2015, 2015-2016, 2016-2017 and 2017-2018.

Attach an unofficial transcript from each of the institutions attended AND attach a statement of explanation for any course for which you did not earn academic credit. Attach any additional documentation that supports circumstances that affected course completion or course withdrawal (i.e., medical bills/hospital records, military assignment, or court documentation of legal events). Additional information may be requested.

Name of College/University	Dates of Attendance	Federal Student Aid Received (Y/N)

I understand the Office of Financial Aid Services is reviewing my unusual enrollment history according to federal regulations for federal student aid eligibility. I also understand that any delay in my response for additional information within the 7-10 day review period can suspend or cancel this appeal. The outcome of this review may change my 2018-2019 FAFSA as well as my financial aid eligibility.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature

Date

Submit this worksheet in person to FAS-1M16/Wabash Bldg, by email to fas@roosevelt.edu, or by fax to **(312) 341-3545**
 RRAAREQ: SEEFA