



## 2023-2024 Unusual Enrollment History Form

Financial Aid Office, P.O. Box 917, Henderson, NC 27536 Telephone: (252) 738-3280,  
Fax: (252) 738-3388, Email: [fao@vgcc.edu](mailto:fao@vgcc.edu)

The U.S. Department of Education identifies students with Unusual Enrollment Histories in an effort to prevent fraud and abuse in Federal Student Aid Program. If it has been determined a student has an Unusual Enrollment History, and VGCC has reason to believe the student remained enrolled only long enough to receive a Title IV credit balance, and/or no academic credit has been earned, a student may complete the Unusual Enrollment History Form documenting legitimate reasons for his/her enrollment at multiple institutions without earning academic credit.

Federal regulations authorize the Financial Aid administrator to determine whether the student's circumstances of the failure to receive academic credit, as evidenced by the student's academic records and other documentation, justify the continuation of Title IV eligibility. The Financial Aid administrator's decision is final.

If approval of continued eligibility is granted, the student may be required to establish an academic plan with the VGCC Financial Aid Office. Failure to meet the requirements of the academic plan will result in termination of Title IV eligibility. If continued eligibility is denied, the student must successfully earn academic credit to regain Title IV eligibility.

Please complete all sections and return to the Financial Aid Office with required documentation. All documentation submitted is confidential. Each file submitted will be reviewed and notification of the decision will be provided to the student within 15 college working days. The Financial Aid Office will send official notification to the student's VGCC e-mail address.

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### Student Information:

\_\_\_\_\_  
Last Name                  First Name                  M.I.

\_\_\_\_\_  
VGCC Student ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (with area code)

\_\_\_\_\_  
City                          State                          Zip Code

\_\_\_\_\_  
Other Phone (cell, work, etc.)

\_\_\_\_\_  
Email address



**Identify the reason(s) academic credit has not been earned. (Please check all that apply.)**

- Loss or illness of student/family member due to: sickness, death, disability, etc.
- Family emergency of student/family member
- Change in student/family member’s residence due to: job relocation, separation/divorce, etc.
- Student/Parent/Spouse called to active duty in the armed forces

Other

**Submit the following documentation with this form:**

	Student	Parent	Spouse
<input type="checkbox"/> Letter explaining special circumstance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment termination notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physician’s statement of disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employer disability payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Worker’s compensation statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment benefit statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benefit provider’s loss of benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Statements from doctor/health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Separation agreement or divorce decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Military documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Letter from third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Certification Statement:** I/We certify that the information provided is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student’s financial aid eligibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse Signature

\_\_\_\_\_  
Date



**Letter of Explanation**

Please use this section to provide a detailed explanation of the circumstances that have led to your unusual enrollment history. Attach additional pages and documentation if necessary. **(Please print clearly)**

**Financial Aid Office Use**

Date Received: \_\_\_\_\_ FAO Decision: *Approved* *Denied*

If approved, Date of Academic Plan: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Aid Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_