

Unusual Enrollment History Appeal Form

Financial Aid Office 7 Columbia Circle Albany, NY 12033

(855) 323-9235 * FAX: (518) 464-8777

vafa@excelsior.edu * www.excelsior.edu/financial-aid

Name:		
Street Address:		
City:	State:	Zip:
Student ID#:		Telephone: ()
received Federal Pell Grant funds academic transcripts submitted, it attended institutions. This has resuln some cases, the student may wish to appeal this decision, ple academic credit. Please refer to a Within your statement, please includes	at three or more institutions during was determined that you did not eaulted in a denial of any additional Forms present personal reasons to expase provide a written statement which is true that occurred during those ude the name of the school and accomport your statement. Typed exp	unusual enrollment history which indicates that you the past three award years. Upon review of the arn academic credit at one, or more, of the previously ederal Title IV funds. Dlain the failure to earn academic credit. If you nich provides an explanation for your failure to earn e academic terms in which you failed to earn credit. ademic period in question. Please include any third planations or additional pages, if needed, may be
☐ I understand that I may be asked	n provided on this form is true and d to submit additional documentati an acceptable explanation, includin	