CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Office of Financial Aid and Scholarships

Return to:
5500 University Parkway UH 150
San Bernardino, CA 92407
Tel: (909) 537-5227
Fax: (909) 537-7024

2021-2022 Unusual Enrollment Form

Student Last Name _____ First Name _____ Coyote ID# _____

( ) _____
Phone Number

Based on data from the Department of Education, you have received a Pell Grant or Direct Loan disbursement during a time in which your enrollment history reflects a pattern that includes enrollment at numerous institutions. The Financial Aid Office must review your enrollment history over the past four academic years.

Please list the colleges that you have attended over the past four years.

College Name (i.e. Valley College)	**Enrollment Period** (i.e. 8/13 - 5/14)	**Number of Units Earned**

- Please provide an academic transcript (Unofficial transcripts are acceptable) for each college listed above.
- If you did not complete the course(s) that you enrolled in at any of those institutions, you must provide a written explanation regarding your lack of course completion.

CERTIFICATION:
By signing this form, I certify that all of the information reported on this form is true, complete and accurate. I agree to provide additional documentation if requested.

Student's Signature:_____Date:_____

Office Use Only

Unusual Enrollment History Resolved: ☐ Yes ☐ No (Please explain)

Comments: _____

Staff Signature: _____ Date: _____