

Office of Financial Aid and Scholarships



2023-2024 Unusual Enrollment Form

| Student Last Name | First Name | Coyote ID# |
|-------------------|------------------------------------|--|
| | | () Phone Number |
| | ent history reflects a pattern tha | ived a Pell Grant or Direct Loan disbursement at includes enrollment at numerous institutions. 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: | □ No (Please explain) | |
| Comments: | | |
| Staff Signature: | Date: | |
| | | |

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