

3000 Landerholm Circle SE, Bellevue WA 98007

2024-25 UNUSUAL ENROLLMENT HISTORY VERIFICATION FORM

NAME:				CTC ID:
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		
Edu peri Stud	ication because they received fedod (2020-2021, 2021-22, 2022	deral Pell Grant or Dire 2-23, and 2023-24) a the student's enrollme	ect Loans at multip cademic years). nt history during th	distory Review" by the U.S. Department oble education institutions during the review This flag requires the Office of the review period. Submission of this form
		DOCUMEN	NTATION	
	-	` <i>'</i>		ant or Direct Loan during the review period TACH TRANSCRIPTS (UNOFFICIAL ARE
	any academic credit during the explaining the reason for your fai Attach any relevant supporting c submitted is confidential. Some	award year in which y lure to earn any acader locumentation and incluexamples of unusual	you received aid, mic credit at that in ude your CTC ID a circumstances fo	vide a transcript indicating that you earned you need to attach a personal statement is stitution while receiving federal student aid at the top of each page. All documentation llow, along with examples of appropriate is, the credit/earned coursework should be
	CIRCUMSTAN	CE	EXAMPLES O	F SUPPORTING DOCUMENTATION
	e student's own mental or physica sability	al illness, injury or	Personal statement, as well as verification of health-related reasons, signed by your physician.	
Personal circumstances beyond the student's control, other than the student's own mental or physical illness or			Provide a personal statement, supported by third-party written documentation from a non-family member, such as	

an academic adviser, attorney, clergy member, etc.

describing the circumstances

Bellevue College does not discriminate on the basis of race, color, national origin, language, ethnicity, religion, veteran status, sex, sexual orientation, including gender identity or expression, disability, or age in its programs and activities. Please see policy 4150 at www.bellevuecollege.edu/policies/. The following people have been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, 425-564-2641, Office C227, and EEOC/504 Compliance Officer, 425-564-2266, Office R130

I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. I have attached my personal statement(s) explaining my circumstances at each school listed above. MAIL OR FAX ALL DOCUMENTS TO THE ADDRESS/FAX NUMBER ABOVE.

Student Signature: _____ Date:

injury or disability