



3000 Landerholm Circle SE, Bellevue WA 98007

## **2025-26 UNUSUAL ENROLLMENT HISTORY VERIFICATION FORM**

<b>NAME:</b>		<b>CTC ID:</b>
<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY NUMBER:</b>	

**Verification Guidelines:** A student may be flagged for “Unusual Enrollment History Review” by the U.S. Department of Education because they received federal Pell Grant or Direct Loans at multiple education institutions during the review period (2021-2022, 2022-23, 2023-24, and 2024-25) academic years). This flag requires the Office of Student Financial Services to review the student’s enrollment history during the review period. Submission of this form does not guarantee the reinstatement/awarding of financial aid.

### **DOCUMENTATION**

1. List below the name of any/all institution(s) at which you received a Pell Grant or Direct Loan during the review period (2021-22, 2022-23, 2023-24, and 2024-25 academic years). PLEASE ATTACH TRANSCRIPTS (UNOFFICIAL ARE OK) FOR EACH INSTITUTION.

_____	_____
_____	_____

2. If you received Pell or Direct Loans at any institution but are not able to provide a transcript indicating that you earned any academic credit during the award year in which you received aid, you need to attach a personal statement explaining the reason for your failure to earn any academic credit at that institution while receiving federal student aid. Attach any relevant supporting documentation and include your CTC ID at the top of each page. All documentation submitted is confidential. Some examples of unusual circumstances follow, along with examples of appropriate supporting documentation. If you did earn credit at any/all of the institutions, the credit/earned coursework should be reflected on the transcript(s).

CIRCUMSTANCE	EXAMPLES OF SUPPORTING DOCUMENTATION
The student’s own mental or physical illness, injury or disability	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 injury or disability	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

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: \_\_\_\_\_