



# Financial Aid Office

*El Camino College (ECC) - 16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎ 1-310-660-3493 ♦ [www.elcamino.edu](http://www.elcamino.edu)*  
*ECC Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ♦ Compton, CA 90221 ☎ 1-310-900-1600 x 2935 ♦ [www.compton.edu](http://www.compton.edu)*

## Review of Unusual Enrollment History

**Deadlines:** Attending Fall Semester 2017 Only  
**Form Due: November 9, 2017**

Attending Summer Term 2018 Only  
**Form Due: July 19, 2018**

Attending Fall Semester 2017 AND Spring Semester 2018 **OR** Spring Semester 2018 ONLY  
**Form Due: May 3, 2018**

Your 2017-2018 Award Year Institutional Student Information Record (ISIR) indicates that the U.S. Department of Education has identified your record with an Unusual Enrollment History (UEH) with regard to the receipt of Federal Pell Grant and Federal Direct Loans from the past four award years from different institutions. Some students have legitimate reasons for their enrollment at multiple institutions. Your Pell Grant disbursement cannot continue until the following documentation is complete. We cannot review your Unusual Enrollment History until the following information has been submitted the El Camino College Financial Aid Office:

1. Print out from the National Student Loan Data System (NSLDS) available at [www.nslds.ed.gov](http://www.nslds.ed.gov) listing all previously attended colleges and universities.
2. Official academic transcripts from all previously attended colleges and universities as indicated on the NSLDS report.

Name of Educational Institution	Dates Attended	Academic Credit Earned
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If you did not earn academic credit at any of the above indicated education institution(s), provide an explanation and documentation to support your statement. Acceptable reasons for lack of academic credits may include, but is not limited to, illness, family emergency, a change in student's residence, and military obligations.

3. A detailed, legible letter explaining the unusual enrollment history circumstances.
4. Two reference letters. One reference letter from a professional (e.g., academic counselor, therapist, social worker, etc.) on business letterhead. Second reference letter from a person (e.g., relative, friend, neighbor, etc.) having comprehensive knowledge regarding the existence of the adverse condition(s). Both letters must include the following information:
  - How long have you known the student? And in what capacity?
  - Brief statement regarding your knowledge of the student's academic history. Include why the student was not able to complete academic credit.
  - Include complete name, contact telephone number, and address.
  - Letters must be signed and current dated.

**Student Name:** \_\_\_\_\_ **ECC ID #** \_\_\_\_\_

Please attach a detailed, legible letter or utilize the lines below to explain your unusual enrollment history circumstances.

[illegible]

## Student Certification

*I certify that the information provided on this form is true and correct. I also understand that it will be used to resolve my unusual enrollment history.*

*I fully understand that to falsify any information on this form in order to receive Title IV federal student aid is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.*

*I further understand that this process can take up to 4 to 6 weeks for a final decision and that I will be notified by mail of the decision.*

*I also understand that by completing and submitting this unusual enrollment history consideration, I may not meet other financial aid deadlines for federal or state programs.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_ ECC ID # \_\_\_\_\_

**FOR FINANCIAL AID OFFICE USE ONLY**

***Professional Judgment for Unusual Enrollment History***

**Advisor Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **Approved**      ☐ **Denied**      ☐ **Educational Plan**      ☐ **FA Counselor**

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director/Assistant Director Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **Approved**      ☐ **Denied**      ☐ **Educational Plan**

**Director/Assistant Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval/Denial Letter Sent to Student on:** \_\_\_\_\_