

SOLANO COMMUNITY COLLEGE-FINANCIAL AID OFFICE

4000 Suisun Valley Road, Student Services Bldg. 400, Fairfield, CA 94534 Phone: (707) 864-7103 • Fax: (707) 646-2071 • www.solano.edu, Financial Aid

PrintForm

2016-17 Unusual Enrollment History Appeal

				SCC ID		
Last Nar	me	F	irst Name			
Social Se	ecurity Number:		Date of Birth:	Phone Number		
Address	City, State, ZIP	, ZIP				
EmailAd	ldress					
financia enrollm You mu Plan, to	I aid funds. Students of ent history. Solano Cost submit your complethe Financial Aid Offi	who have attended multip ommunity College is requir eted Unusual Enrollment F ce at Solano Community (ole schools in a short period red to review your enrollmo History Appeal with all REQ	nd an unusual enrollment history dof time may be considered to hent history to determine your eliquistic documentation, including d with missing documentation or essed.	ave an unusual gibility for Federal aid. your Student Education	
ECTION	1: REQUIRED DOC	UMENTATION				
Complet	e the steps below to ob	tain all required document	ation.			
	STEP 1: Prior College Transcripts Required to be Evaluated ALL prior college transcripts are REQUIRED to be submitted to Solano Community College Admissions & Records Office for evaluation. You MUST submit OFFICIAL transcripts from ALL prior colleges attended for the purpose of evaluating your enrollment history. Your academic progress will be reviewed to determine if you completed academic credits while receiving Federal aid at other colleges. Failure to submit ALL prior college transcripts will result in a denial of your appeal. Transcripts from non-accredited/non-transferable institutions will not be evaluated by the Admissions & Records Office but are REQUIRED to be submitted asapart of your enrollment history review.					
	Your appeal must is counselor at Solano College and with seleto be submitted ar	nclude a current Student Community College. The cting the appropriate cou	e counselor will assist you rses for your declared acad Iking a counseling appoin	unselor Il need to schedule an appoir I in mapping your educational genic program. ALL prior college Itment. Failure to submit ALL pr	goal at Solano Community transcripts are REQUIRED	
	You MUST log into history. You will ne it to this form. Stud	ed your Federal Student A ents are required to comp	n Data System (NSLDS) at Aid PIN to log in. You MU: Dlete this process to famili	: www.nslds.ed.gov to obtain ST PRINT the "Financial Aid Revi arize themselves with the NSLDS ederal financial aid summary pa	ew" grant page and attach website and grant or loan	
	If you failed to earn you to explain the or to support the circum	rircumstances which resulnstance(s) in your appeal.	eceiving Federal aid at and Ited in your failure to con Circumstances are limited t	other school, the U.S. Department of academic credits. You must severe illness or injury to the standard of acceptable documentations.	ust provide documentation cudent, family emergencies,	

a police report, military paperwork, or a death certificate. If applicable, proper documentation is REQUIRED and must be included.

Appeals submitted without documentation will be considered incomplete and will be denied.

SECTION 2: EDUCATIONAL GOAL						
Federal regulations require that a student receiving financial a associate degree, an eligible vocational certificate, or a transfe of study at Solano Community College.						
What is your current Academic Major / Educational Goal ?						
SECTION 3: PERSONAL STATEMENT						
Please provide a detailed statement of the circumstance(s) whis and concise. Avoid vague statements such as "I had personal prodifferent now that will allow you to complete attempted course ACADEMIC CREDIT AT OTHER COLLEGESWHILE RECEIVING FED. DOCUMENTATION.	roblems." You must indicat s and maintain satisfactory	e what has changed and/or what circumstances are cacademic progress. IF YOU FAILED TO EARN				
SECTION 4: CONDITIONS OF APPEAL						
Please read, initial and sign below. Your signature indicates yo reported on this form and any attachments are true, complete,		nditions of your appeal and that all information				
I understand that an appeal submitted without a valid Student Education Plan will be considered INCOMPLETE and will not be processed.						
I understand that ALL prior college transcripts are REQUIRED to be submitted and evaluated before submitting this appeal. I						
understand that if my appeal is APPROVED, my academic progress will be reviewed after the completion of each term.						
I understand that while receiving Federal financial aid, I mu	st make Satisfactory Academi	c Progress toward my educational goal.				
I understand that false statements and/or misrepresentation——student disciplinary action may be taken.	ns will result in denial, reduct	ion, withdrawal, and/or repayment of aid disbursed and				
Student Signature		Date				
FOR OFFICE USE ONLY Transcript Evaluation	Student Education Pl	an NSLDS Documentation (if applicable)				
Reviewed by:	Date:	Status: Complete / Incomplete				
FA Administrator:	Date:	Decision: Approved / Denied				