



Office of Student Financial Services
 12 East 53rd St, New York, NY 10022
 Phone: 212-310-0689
 Fax: 212-750-2452

2023-2024 Unusual Enrollment History (UEH)

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review as a result of your unusual enrollment history in college. Federal regulations require that the college request additional information before determining your eligibility for federal student aid.

STUDENT INFORMATION

_____	_____	_____
Last Name	First Name	MI
_____	_____@limcollege.edu	
LIM ID	LIM Email	

SCHOOLS ATTENDED

- Please list all colleges attended during the academic year listed below. If you attended multiple schools during the indicated academic year, attach an additional page listing those schools you attended and include your name and LIM ID at the top of each page.
- List all colleges you attended even if you withdrew during the semester
- Attach an unofficial academic transcript from each college attended. **Note: If any transcript is unclear, you will be required to provide official academic transcripts.**
- Failure to report all colleges with attached transcripts will result in the denial of your request for federal financial aid at LIM College.

Name of College	Dates Attended	Did you earn credits?	
	2019-2020	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2020-2021	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2021-2022	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2022-2023	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EXTENUATING CIRCUMSTANCES

Provide an explanation regarding why you did not earn academic credit. You must attach third party documentation to corroborate your claim or you will be denied federal financial aid at LIM College. Examples of extenuating circumstances include:

- Death of an immediate family member (must include the relationship of family member to student, and copy of death certificate)
- Documented hospitalization or illness of self, child or parent (if self, must include dates and medical records as to the student's readiness to return to school)
- Military Withdrawal (include documentation from commanding officer)
- Victim of a crime or unexpected disaster (include copies of police report, third party letters, etc.)

Certification Statement: *Handwritten signature ONLY*

By signing this form, I certify that all the information on this form is accurate and complete.

Student Signature:	Date:
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