

**Award Year of Review:** \_\_\_\_\_ (20xx-20xx)

*To be completed by Institution:*

<b>A</b>							
----------	--	--	--	--	--	--	--

Name \_\_\_\_\_  
(Last Name) (First Name) (MI)

You have been selected for an additional review by the Department of Education, which indicates that you have an unusual enrollment history regarding the receipt of Federal Pell Grant funds. The review is intended to address possible fraud and abuse in the Title IV student aid programs.

Based on our review of your records, you failed to earn academic credit at \_\_\_\_\_  
(name of institution)  
 during the \_\_\_\_\_ Award Year. While attending this institution, you received a Federal Pell Grant and/or Federal Loans.

*To be completed by Student:*

To remain eligible for Federal student aid, you must document the reason, of those listed below, you failed to earn academic credit while receiving a Federal Pell Grant and submit this form and non-returnable copies of third-party supporting documentation to the Student Financial Services department. Any requests submitted with a reason other than those listed below and without signature, date or documentation will not be considered.

**Reason for Failure to Earn Academic Credit**

- Death of immediate family member
- Student illness requiring hospitalization, including mental health issues
- Illness of immediate family member where student is the primary caretaker
- Illness of an immediate family member where the family member is the primary financial support
- Abusive relationship
- Divorce proceedings
- Previously undocumented disability
- Work-related transfer
- Change in work schedule
- Natural disaster
- Financial hardship such as foreclosure or eviction
- Loss of transportation with no alternative means of transportation
- Documentation from a professional counselor
- Documented illness of the student, from a doctor, for a significant time period
- Military deployment
- Unexpected academic reason

**Third party supporting documentation must be attached to this document.**

**Provide any additional details:**

---



---



---

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

Please complete this form and return it to the Financial Aid Office along with the required documentation. Thank you in advance!