



2020-2021 Unusual Enrollment History Form

The U.S. Department of Education has selected your file for review due to your unusual enrollment history. An unusual enrollment history is defined by having attended and received Pell Grant and/or Direct Stafford Loans from multiple colleges/universities during the review period of: **2016-2017, 2017-2018, 2018-2019 and 2019-2020**. Before processing your federal aid file, Richard Bland College is required to review your enrollment history and determine whether or not you are enrolling only long enough to receive cash refunds of federal student aid. In the process of reviewing your enrollment history, in addition to colleges listed on your Admissions application, the Financial Aid Office will also check the National Student Loan Data System (NSLDS) at www.nsls.ed.gov for a complete history of the federal Pell Grants and/or Direct Stafford Loans you may have received.

Section 1. Student Information

Full Name	R_____ Student ID
Address	State ZIP Code
Phone Number (Including Area Code)	RBC Email

Section 2. Colleges or Universities Attended

Please list all institutions attended during the following Review Periods: **2016-2017, 2017-2018, 2018-2019, 2019-2020**. Please attach your academic transcript for each of the prior schools listed. Please visit the National Student Loan Data System (NSLDS) www.nsls.ed.gov to assist you in filling out the chart. You will need your FSA ID in order to access this information in NSLDS. ***If you did not earn any academic credits at a college you received a Pell Grant and/or Direct Stafford Loan, please attach a detailed explanation for your failure to earn credits along with any additional documentations (ie. medical bills, hospitalization records, accident reports, military transfer etc.) that support your explanation.** Your eligibility for financial aid will not be determined until you submit this completed form and all required documentation to our office.

NAME OF COLLEGE	DATES OF ATTENDANCE	LOANS/PELL GRANT RECEIVED	DID YOU EARN CREDIT(S)?
		Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____

Section 3. Certification and Signature

By signing this document, I certify that all of the information reported is complete and accurate. I understand if I purposely give false or misleading information on this form, I may be disqualified from consideration for financial aid.

Student Signature: _____ **Date** _____