

**2024-2025
UNUSUAL ENROLLMENT HISTORY FORM**

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-920-1096.

www.llcc.edu/financial-aid

Return completed form to:

 LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62794-9256

financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.

217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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Why are you being asked to complete this form?

The Department of Education has selected your file for review due to your unusual enrollment history. You must submit this form and required documentation so that your financial aid eligibility can be determined.

Access the National Student Loan Data System (NSLDS) at www.nsls.ed.gov to assist you in filling out the following information. List information for the 2020-21, 2021-22, 2022-23 and 2023-24 school years. **You may be required to submit transcripts from all schools attended upon review of this form by the LLCC Financial Aid Office.**

NAME OF SCHOOL	DATES ATTENDED	CREDITS EARNED?	TRANSCRIPTS
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Credits already transferred to LLCC
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Credits already transferred to LLCC
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Credits already transferred to LLCC
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached <input type="checkbox"/> Credits already transferred to LLCC

If you answered "no" to the Credits Earned question for any of the schools you listed above, you must provide an explanation of your failure to earn credit and provide third-party documentation to support your explanation.

- Death of an immediate family member (you must include the relationship of the family member and a copy of the death certificate)
- Documented hospitalization or illness for yourself or an immediate family member (must include dates and a health care provider's decision, written on official letterhead, of your readiness to return to school)
- Military obligation (must include documentation from commanding officer)
- Victim of a crime or unexpected disaster (must include copy of police report, third-party letters, etc.)
- Other (must include appropriate third-party documentation):

Certification

I certify this information is true and will verify the accuracy of this information if needed. **I understand that if I purposely give false or misleading information, I risk losing the ability to receive financial aid at LLCC.**

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
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Office Use Only

REVIEW DATE	REVIEWED BY
<input type="checkbox"/> Clear flag <input type="checkbox"/> All transcripts received <input type="checkbox"/> Credit was earned at each school <input type="checkbox"/> No other concerns	
<input type="checkbox"/> Incomplete <input type="checkbox"/> Missing information:	
<input type="checkbox"/> Deny aid <input type="checkbox"/> Credit not earned <input type="checkbox"/> Transcript(s) missing <input type="checkbox"/> Other:	