



Office of Financial Aid  
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015  
 810-989-5530 fax 810-989-5774 [sc4.edu](http://sc4.edu)

Student ID: _____
Rec'd by: _____
Date: _____

### 2021-22 Unusual Enrollment History Form

Per federal regulations, you are required to complete the National Student Loan Data System (NSLDS) Unusual Enrollment History Form so we may further analyze your Federal Pell Grant or Federal Direct Loan activity over the past three academic years.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Section 1- Schools Attended

- You must provide the following information for each school you attended during the period listed. If you attended multiple schools during the indicated period, attach a separate piece of paper listing all schools you attended.
- You **MUST** attach an **official** transcript from **each** school attended; each transcript must clearly show the name of the college.
- If you fail to report a school that you attended during the indicated period or fail to attach an **official** transcript, you will be denied financial aid at SC4.

Name of School	Dates attended	Academic credits earned
	2017-2018	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2018-2019	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2019-2020	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2020-2021	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Section 2 - Extenuating Circumstances

You may present personal reasons to explain your failure to earn academic credit. You **MUST** include third party documentation to substantiate your claim or you will be denied financial aid at SC4.

- Death of an immediate family member (must include the relationship of family member to the student, copy of death certificate)
- Documented hospitalization or illness of self, child or parent (must include dates and a health care provider's decision, written on official letterhead, as to the student's readiness to return to school)
- Military Obligations (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 documentation) \_\_\_\_\_

I certify that the information reported on this form is true and correct. If requested, I agree to provide additional documentation to the Financial Aid Office. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are able, please print and physically sign this form. If you do not have access to print, please type your name above, but you will need to come into the Financial Aid office once we re-open to sign.

**Submit this worksheet to the Financial Aid Office at SC4.**

**St. Clair County Community College**  
**financialaid@sc4.edu**