

Unusual Enrollment Appeal Form**UENRL1/2**

STUDENT ID: _____

YEAR/TERM: _____

FIRST NAME: _____

LAST NAME: _____

A review of enrollment history and financial aid records for the past four award years (2013-14, 2014-15, 2015-2016, 2017-18) has resulted in a determination of unusual enrollment pattern (flagged pattern). If the student has a reasonable explanation for multiple admissions at several post-secondary institutions, he or she must appeal this determination and submit this form to Polk State College Office of Student Financial Services with any other necessary documents described below. A decision regarding the student's eligibility to receive Federal financial aid will be determined based upon the appeal. The student is notified through the mypolk.edu email account. If the appeal is approved, Federal financial aid can be awarded.

Check as completed**Submission Steps Required:**

- _____
- _____
- _____
- _____
- _____
- _____
1. The student must contact Polk State College Office of Student Admissions Services at 863.292.1000 to determine if all post-secondary transcripts have been received.
 2. If the College has not received all post-secondary transcripts, it is the student's responsibility to request official transcripts from all missing post-secondary institutions be sent to the Office of Student Admissions. Eligibility for aid cannot be determined unless all transcripts are received and evaluated.
(Send to: **Office of Admissions: Polk State College 999 Avenue H, N.E. Winter Haven, FL 33881-4299**)
 3. Submit a typed, signed, and detailed letter specifying the reason(s) for which the student did not earn academic credit at the post-secondary institutions attended within the past four Academic Years (as listed above) while receiving Federal financial aid (i.e., grants and/or loans). If academic records display that the individual completed any credit hours or clock hours, then this is measured as academic credit earned. Extenuating circumstances considered for not completing academic credit consist of, but are not restricted to:
 - Documented medical condition or serious illness
 - Documented family emergency
 - Documented death of immediate family member
 - Documented change in where the person lives (only a move to different city or state is considered)
 - Documented military obligations
 - Documented change in conditions of employment
 - Other extraordinary/emergency circumstances, such as natural disasters and domestic violence.
 4. Include dated **COPIES** of backup documentation from a third party (e.g., copies of letters from family or friends are typically not satisfactory). Examples of satisfactory documentation include, but are not limited to:
 - Letter from a physician or counselor on letterhead indicating the dates the individual was were under his/her care
 - Copy of a death certificate, obituary, or another third party documentation of death
 - Accident reports, police reports, court records, etc.
 - Rental agreements, utility bills, or other items that document that the individual/family moved from one city to another
 - Copy of military orders

PLEASE NOTE:

DO NOT provide the original records; documents will not be returned. It is the student's responsibility to ensure that all copies are readable.

Appeals are processed based upon the history and documents submitted. Submission of these items ***does not guarantee*** financial aid approval. Appeals must be properly filled out. Appeal decisions can take up to 14 business days. If the appeal is granted, the **UENRL** item will display as "**Complete**" on PASSPORT and will be updated. If the appeal is not approved, the student is not eligible to receive aid until an Education Plan has been completed and approved. If the student disagrees with the decision of the appeal, he or she can appeal the decision. A request for an appeal must be made separately in writing with additional supporting documents, and the new form must indicate that a second appeal is being requested. The determination of the second appeal is final. All decisions are emailed to student's mypolk.edu account.

By signing this form you (the student) admit and testify that the information provided is true and accurate. If you knowingly give dishonest or incorrect information on this form, you may be fined, be sentenced to jail, or both.

Signature: _____**Date:** _____

Office of Student Financial Services
999 Avenue H, N.E.
Winter Haven, FL 33881-4299
Phone: 863.297.1004
Fax: 863.298.6850
Email: financialaid@polk.edu

Polk State College is committed to equal opportunity/equal access in its programs, services, and activities.