

2020-2021
 Unusual Enrollment
 History (UEH)
 Appeal Form



Student Financial Aid Office
 11400 Robinwood Drive
 Hagerstown, MD 21742

Phone: 240-500-2473
 finaid@hagerstowncc.edu
 FAX: 301-791-9165

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

First Name: _____ Last Name: _____

HCC Student ID #: _____

You have been selected by the Federal Government, U.S. Department of Education, Office of Student Financial Aid for prior enrollment verification while receiving Pell Grant and/or Federal Student Loans. This is a serious matter that we will try to help you resolve internally.

1. List all colleges attended during the time frame specified below. (This information will be verified by the Financial Aid Office based on the information provided at <https://studentaid.gov/>.)
 - **Official** transcripts from all listed colleges must be submitted to: Hagerstown Community College, Admissions and Registration Office, 11400 Robinwood Drive, Hagerstown, MD 21742. *HCC will not automatically evaluate your transcript to determine if credits will transfer to HCC. To have your transfer credits evaluated you must meet with an Academic Advisor.*

| Name of College | Dates Attended | Credits Earned | |
|-----------------|----------------|------------------------------|-----------------------------|
| 1.) | 2016-2017 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.) | 2017-2018 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.) | 2018-2019 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.) | 2019-2020 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Submit a typed explanation of any extenuating circumstances that have contributed to your inability to successfully complete coursework at any/all of the institutions listed on your chart. Also state what has changed that will allow you to be successful in the future. You must also provide supporting third-party documentation that supports your explanation. Extenuating circumstances include:

- Health reasons – Include medical documentation – physician’s note and release to return to school/work etc.
- Death of an Immediate Family Member – Include a copy of the death certificate, obituary, or other official documentation.
- Undue Hardship – Include document from a third party professional (instructor, counselor, clergy, court records, etc.) who can verify your claim.

IMPORTANT: Consideration for extreme circumstances does not include employer related issues or work schedule concerns.

I certify that all information submitted with this form is true and complete to the best of my knowledge.

Signature _____

Date _____