



FINANCIAL AID OFFICE
2018-2019
UNUSUAL ENROLLMENT APPEAL FORM

The U.S. Department of Education has indicated that you exhibit a pattern of unusual enrollment based on your attendance and federal aid history at prior colleges/universities attended. In order to determine your financial aid eligibility at Sussex County Community College (OPE-ID 025688), we must verify your credits earned and aid received. Failure to submit this form and all required documentation will result in denial of your financial aid application.

NAME: \_\_\_\_\_

SCCC ID#: \_\_\_\_\_

PLEASE COMPLETE THE SECTIONS BELOW.

SECTION A. (to be completed by student)

- 1. What is your program of Study? \_\_\_\_\_
2. What is your Anticipated Graduation Date? \_\_\_\_\_
Indicate which semester/term this appeal is for? \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer
3. Please initial each item indicating that you have read and understand the information below:

- \_\_\_\_\_ I understand that decisions on Sussex County Community College Unusual Enrollment Verification are processed on a case-by-case basis.
\_\_\_\_\_ I understand that I must maintain enrollment and satisfactory academic progress (SAP) to maintain eligibility in the future.
\_\_\_\_\_ I understand that appeals turned in without supporting documents will be denied.
\_\_\_\_\_ I understand that the decisions of the Sussex County Community College Office of Financial Aid are FINAL.

Student Acknowledgement I understand the information on this form will be used to determine my financial aid eligibility. By completing & signing this form, I certify that I understand all information on this form and I have reported it accurately & completely.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION B. (to be completed by Academic Counselor from either the Counseling Center or Learning Center)

Academic Counselor Acknowledgement I certify that I have met with the student and reviewed the student's transcript.

COUNSELOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNSELOR NAME (PRINT): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

SECTION C. Make a copy of this form for your records. Please bring or mail this completed form to:

Sussex County Community College - Financial Aid Office
One College Hill Road, Newton, NJ 07860