

FINANCIAL AID OFFICE 2019-2020 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? | |
| What is your Anticipated Graduation Date? Indicate which semester/term this appeal Please initial each item indicating that you have | is for? Fall Spring Summer e read and understand the information below: |
| processed on a case-by-case basis. I understand that I must maintain enrollm in the future. I understand that appeals turned in witho | unty Community College Unusual Enrollment Verification are nent and satisfactory academic progress (SAP) to maintain eligibility put supporting documents will be denied. sex County Community College Office of Financial Aid |
| | on this form will be used to determine my financial aid eligibility. By 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 ha | we 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 reco | ords. Please bring or mail this completed form to: |
| Sussay County | Community College - Einancial Aid Office |

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