

OFFICE OF FINANCIAL SERVICES

1401 Charlestown Road Phoenixville, PA 19460 2023-2024 Unusual Enrollment History (V-UEH.1)

Student Name:	Student's ID Number:				
All students receiving an ISIR Code of 35 nstitutions only to collect a Title IV cred below to evaluate these students.					
Which ISIR did the student receive?					
Yes. Did the studen that the Pell G Yes. No add No. Follow No. Follow instruct Code: 360 or Value: 3 Using NSLDS, identify the instituty ears. Review these academic trans	-	c credits during the entire semester(s) Grant or Direct Loan during the past 4			
student's claim	The student must provide an explanation and third party documentation to support the student's claim. Did the student provide a reasonable explanation?				
Yes. Provide the student with an Academic Plan and an explanation of the Pell LEU. The student may receive Title IV funds. No. Deny the student any additional Title IV aid until the student can provide proof of academic credit received at UVF or another institution.					
College or University Enrolled	Transcript Received	Transcript Reviewed			



OFFICE OF FINANCIAL SERVICES

1401 Charlestown Road Phoenixville, PA 19460 2023-2024 Unusual Enrollment History (V-UEH.2)

Student Name:		Student's ID Number:				
academic year that yo Financial Aid Office	ou failed to earn for review. In ac	academic credit while attend	ling. Complete to ou must submit	y that you attended during the last four his form in its entirety and submit to the documentation from an objective third appeal statement.		
certificate, and divorce are not considered ar	ce decree, etc. *P n acceptable thir	lease note that family members	ers, friends, and ocumentation is	worker, teacher, religious leader, death University of Valley Forge employees a letter from a professional (example - l hand-written signature.		
Appeal Reason:	Medical	Personal Emergency	Military	Other		
Describe the reasons please attach a sepera		to earn academic credit at eac	 ch of the followi	mg schools. If additional space is needed,		
Name of College:				School Year 20 to 20		
Name of College:				School Year 20 to 20		
Name of College:				School Year 20 to 20		
By signing this work	seet, I certify tha	at all the information reporte	d on it is comple	ete and correct. Because this information		
may affect federal aid sent to prison or both	i eligibility, purp h. I understand a	osely giving talse or misleadi any false or incomplete infort	ng intormation nation may be c	may cause me to be fined up to \$20,000, ause for the denial of my appeal.		
Student Signature				Date		