EMILY GRIFFITH
TECHNICAL COLLEGE

2025-2026 Unusual Enrollment History Appeal

Student Name (Print): _____ Student ID#: _____

Email: _____ Phone Number: _____

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) has been flagged for "Unusual Enrollment History Review" by the U. S. Department of Education. This flag requires Emily Griffith Technical College (EGTC) to review your enrollment history and determine whether or not you are enrolling just long enough to receive a Federal Student Aid refund. In the process of reviewing your enrollment history, EGTC will check the National Student Loan Data System (NSLDS) to obtain a complete history, including the names of institutions you have attended, and your dates of attendance.

Request an Official Transcript from **ALL** institution(s) you received Federal Pell Grant during the review period: **2021-2022, 2022-2023, 2023-2024 and 2024-2025.** You may log into your Student Aid Portal at www.studentaid.gov if you are unaware of where you received financial aid.

Name of Institution	Dates of Attendance	Academic Credit Earned? (Yes or No)	Transcripts Attached (Yes or No)

For the institutions above where you **did not** earn academic credit, please provide a statement explaining why you **did not** earn credit at each of those institutions, as well as the reasons you transferred or stopped attending each institution. Attach any supporting documentation (i.e., military obligations, police reports, medical documentation, etc.).

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

_____   _____

Student Signature   **Date**

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For Financial Aid Office Use Only: ☐ **Approved**   ☐ **Denied**

First Reviewer: _____ **Date** _____

Second Reviewer: _____ **Date** _____