

Enter your JCC ID: J00 \_\_\_\_\_  
FA UEHWAI



## **UNUSUAL ENROLLMENT HISTORY WAIVER REQUEST**

### **Reason for this form:**

The Department of Education has identified you as a student with an Unusual Enrollment History in regard to the receipt of Federal Pell Grant funds. As such, you are not eligible to receive federal student aid, including federal student loans. Students with an unusual enrollment history are given the opportunity to explain why they have earned little or no academic credits at the institutions where they have received Pell grants in the past three academic years. Students with serious personal or academic reasons may submit a written explanation accompanied by supporting documentation to the financial aid office for consideration. Federal agencies site examples of circumstances that may qualify to include: illness, a family emergency, a change in where a student is living, military obligations, and unexpected academic challenges. Requests are evaluated on a case by case basis; results are forwarded to students by mail within ten business days.

### **SECTION A. Student Information**

**Student's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **SECTION B. Instructions**

1. **In a separate letter, please explain:**

- the circumstances that prevented you from earning academic credit at each of the institutions you previously attended in the past four academic years
- your academic and career goals at those times.
- how your current plan will enable you to successfully earn academic credits.

**IMPORTANT! Sign and date your letter**

2. **Attach:** Documentation from a third party to support your request. Examples of acceptable third party sources include a: doctor, professor, counselor, social worker, clergy person, death certificate/obituary, record of military service, etc. Letters from family members are not appropriate for this purpose. Documentation can be in the form of specific documents or a letter which states: your name, the person's relationship to you, their knowledge of the problem(s) that you had and how you have resolved them, the date(s) of that problem, and their signature. **Your waiver request cannot be accepted or reviewed without this attached documentation.**

3. **Submit your request with your third party documentation to your campus financial aid office**

### **SECTION C. Certification**

*I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.*

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020**  
**Jamestown** 716.338.1009 | 1.800.388.8557 ext 1009 | **Olean** 716.376.7512 | 1.800.388.8557 ext 7512  
FAX 716.338.1459 | EMAIL [financialaid@mail.sunycc.edu](mailto:financialaid@mail.sunycc.edu)

We recommend you mail your documents via the US Postal Service to protect your personal information.