

Student Name

Office Use Only

All transcripts received

Transcript report from

_Transcript/s missing

Reviewed by_

___Credit was earned at each institution

___Credit not earned ___Other:

2020-2021 Dakota College at Bottineau Unusual Enrollment History Review Form Financial Aid Office

Emplid#_

Review Date _

Date

Clear Flag

Incomplete

_Deny Aid

___No other concerns

unclear; official transcript requested on

| The U.S. Department of Education has flagged your 2020-21 Free Application for Federal Student Aid (FAFSA) for "Unusual Enrollment History Review" because you received Federal Pell Grant funds at multiple education institutions during the review period-2016-17, 2017-18, 2018-19 and 2019-20. This flag requires Dakota College at Bottineau to review your enrollment history and determine whether you are enrolling only long enough to receive eash refunds of Federal Student Aid. In the process of reviewing your enrollment history, Dakota College at Bottineau will check the National Student Loan Data System (NSLDS) to obtain a complete history: the name of institutions you have attended, and the dates of attendance. Please complete the steps below. Your application for financial aid will not be considered until you submit this completed form and required documentation. Step 1: Obtain an academic transcript for the entire time you received Federal Pell grant funds at any/all education institutions during the review period (2016-17, 2017-18, 2018-19, and 2019-20). Note that if any transcripts are unclear, you will be required to provide an official academic transcript. | | | |
|--|------|--|--|
| | | Step 2: List below the name of any/all education institution/s at we the review period and did not earn any academic credit. If you ne Include your name at the top of each page. | |
| | | Step 3: For each school listed in Step 2, attach a statement explaining the reason for your failure to earn any academic credit at that institution while receiving Federal Pell Grant funds during the review period. Attach any relevant documentation (i.e., medical bills, hospitalization records, accident reports, etc.). By signing below, I certify that the information submitted on and with this form is accurate and complete. | |
| Student Signature | | | |
| Return this form and supporting documentation to: | Date | | |
| Dakota College at Bottineau Financial Aid, 105 Simrall Blvd, Bottineau ND 58318 Email: <u>jalee.lynnes@dakotacollege.edu</u> Fax: 701/228-5499 | | | |