Previous Enrollment History Appeal Form

**Instructions:** Complete this form with information about each college/university that you attended during the 2011-2012, 2012-2013, 2013-2014, or 2014-2015 academic year(s) that you failed to earn academic credit while attending. Complete this form in its entirety and submit to the Financial Aid Office for review. In addition to this appeal form, you must submit documentation from an objective third party professional for each school and for each year of attendance to support your appeal statement. **Third party documentation is subject to verification for authenticity.**

Examples of a professional third-party include: physician, counselor, lawyer, social worker, teacher, religious leader, death certificate, and divorce decree, etc. *Please note that family members, friends, and Liberty University employees are not considered an acceptable third party. If the Third Party Documentation is a letter from a professional (example – doctor, pastor, lawyer, etc.) it needs to be on letterhead and signed with an original hand-written signature.

**Appeal Reason:**

- □ Medical
- □ Personal Emergency
- □ Military
- □ Other

Describe the reasons why you failed to earn academic credit at each of the following schools. If additional space is needed, please attach a separate page.

Name of College: ___________________________ School Year 20___/20___

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Name of College: ___________________________ School Year 20___/20___

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Name of College: ___________________________ School Year 20___/20___

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By signing this worksheet, I certify that all the information reported on it is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may cause you to be fined up to $20,000.00, sent to prison or both. I understand any false or incomplete information may be cause for the denial of my appeal.

Your signature must be handwritten; typed and electronic signatures are not accepted.

Student Signature_________________________________________________ Date ___________________