

ID # _____

Name _____

UA 18/19

PREVIOUS ENROLLMENT HISTORY APPEAL FORM

Complete this form with information about each college/university you attended and did not earn academic credit during the 2014–15, 2015–16, 2016–17, or 2017–18 academic year(s). Complete this form in its entirety and submit it to the Financial Aid Office for review. In addition, you are required to submit third party documentation 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 appropriate third party documentation are listed below:

- If you or a family member suffered illness or were hospitalized, please provide medical documentation or a letter from the healthcare provider.
- If you had military obligations, please provide documentation or a letter from your commanding officer.
- If you were the victim of a crime, please provide a copy of the police report and/or other documentation supporting your situation.
- If none of the above, please provide alternate detailed documentation of your situation.

Please note, third party documentation should include all dates that are relevant to the situation. 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, it should be on letterhead and have an original, handwritten signature from the author of the letter.

Describe the reason(s) academic credit was not earned at each school.

Name of College:	<input style="width: 95%;" type="text"/>	School Year	<input style="width: 90%; text-align: center;" type="text" value="20"/>	/	<input style="width: 90%; text-align: center;" type="text" value="20"/>
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Name of College:	<input style="width: 95%;" type="text"/>	School Year	<input style="width: 90%; text-align: center;" type="text" value="20"/>	/	<input style="width: 90%; text-align: center;" type="text" value="20"/>
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By checking this box, I affirm that I have not enrolled in school solely to receive a credit balance refund.

By signing this form, I certify that all information is complete and accurate. I understand any false or incomplete information may be cause for the denial of my appeal. The signature below must be handwritten; typed and electronic signatures will not be accepted.

Student Signature

Date: