

#### **OFFICE OF FINANCIAL AID**

### 2023-2024 UNUSUAL ENROLLMENT HISTORY

2024 CF0359/CF0360

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) has been flagged by the U.S. Department of Education for "Unusual Enrollment History" (UEH) review because you received Federal Pell Grant and/or Direct Student Loan funds at multiple institutions during the award periods of 2019-2020, 2020-2021, 2021-2022, and 2022-2023. This flag *requires* the College of Southern Nevada to review your enrollment history and determine whether or not you have earned academic credit while receiving federal student aid.

CSN may verify the names of the institutions you have attended, the dates of your attendance, as well as the aid you received during this review period, via Federal Student Aid (FSA). You can view your entire Pell Grant and Direct Loan history at <a href="mailto:studentaid.gov">studentaid.gov</a>.

<u>studentalu.gov</u> .				
A. STUDENT INFORMA	TION			
LAST NAME	FIRST NAME	M.I.		NSHE
B. REQUIRED DOCUME	NTS:			
not received at CSN w	The state of the s	ttended during the awards years 2019-2020, 2020-2021, 2021-202		
2022, and 2022-2023		nent periods during the following on (i.e., medical bills, hospitalized it.		
		vith your academic advisor/couns nic Plan is only valid should this		
	INSTITUTIONS ATTENDE	<u>ED</u> : tions ( <i>including CSN</i> ) you attend	ad during the award	pariods of 2010, 2020
•		, attach a separate sheet. <b>Failur</b>		•
provide official academic	transcript(s) as applicabl	e will result in a delay of process	ing this review and d	enial of aid.
Name of College or Univ	ersity	Dates of Attendance	Transcripts	
			□Attached	☐ Transferred Credit
			□Attached	☐Transferred Credit
			□Attached	□Transferred Credit
			□Attached	□Transferred Credit
			□Attached	□Transferred Credit
			□Attached	☐Transferred Credit
D DEAD CICAL AND DA	TE TIME FORM			
D.READ, SIGN AND DA	IE THIS FURIVI:			
aware that failure to prov understand that complet aid eligibility, I understan continue to enroll, I und	vide the above documents ting this form does <u>not</u> gue nd that I will contact the	n its entirety and that the inform will result in an automatic denial arantee that I will be awarded fifinancial Aid Office to discuss heible for tuition payments. The U admission to CSN.	of future Federal Studinancial aid at CSN. If ow to regain eligibilit	dent Aid at CSN. <i>I also</i> I am denied financial y. Should I choose to
Student Signature (r	required)			



Advisor/Counselor Signature

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## **Academic Plan**

TERM:	TERM:	TERM:
ourse:	Course:	Course:
edits:	Credits:	Credits:
ourse:	Course:	Course:
redits:	Credits:	Credits:
ourse:	Course:	Course:
edits:	Credits:	Credits:
ourse:	Course:	Course:
edits:	Credits:	Credits:

Date