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OFFICE of  
STUDENT  
FINANCIAL AID

Office of Student Financial Aid  
901 S. National Ave.  
Springfield, MO 65897  
www.MissouriState.edu/FinancialAid

## 2022-2023 Unusual Enrollment History Appeal

\_\_\_\_\_  
Student's Name (Last) (First) M  
BearPass # Student's Date of Birth

### COMPLETE ALL SECTIONS

Your 2022-2023 FAFSA was selected by the U.S. Department of Education for a review of your enrollment history. This is because you received Federal Pell Grant or Direct Loan funds at multiple institutions during the last four academic years. As part of this review, we have gathered a complete financial aid history from the National Student Loan Data System (NSLDS), which includes the name of institutions you have attended and the dates of attendance.

After reviewing your NSLDS record and the transcripts you submitted to our office, we determined that you did not earn credit from at least one of the schools during a year which you received Pell Grant or Direct Loan funds. As a result, you are not eligible for Federal financial aid until you can successfully document why credit was not earned during a semester in which you received Federal student aid.

**TO APPEAL THIS STATUS**, please complete and submit this form along with supporting documentation to the Office of Student Financial Aid. You will be informed via your BearMail account of our decision on this appeal.

### A. Academic History

List below the name of any/all educational institutions at which you received Federal Pell Grant or Direct Loan funds during the last four academic years **AND** did not earn any academic credit. If you need additional space, please attach a separate page with your name and BearPass # at the top.

_____ Name of Institution	_____ Academic Year
_____ Name of Institution	_____ Academic Year
_____ Name of Institution	_____ Academic Year
_____ Name of Institution	_____ Academic Year

### B. Explanation and Supporting Documentation

For each school listed in Section A, attach a statement explaining any extenuating circumstances that prevented you from earning academic credit during each semester that you failed to do so. Your statement must specify the name of the school and the academic terms in question, and should include any third party documentation (i.e., medical bills, hospitalization records, accident reports, etc.) that will support your explanation. **Appeals that do not include supporting documentation will be denied.** Typed explanations and additional pages may be attached and submitted with this form. Include your name and BearPass # at the top of each page.

### C. Certification Statement and Signature

By signing below, I acknowledge that I have read and understand the information on this form, that I have appropriately attached all supporting documents, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request for financial assistance will be granted.

\_\_\_\_\_  
Student Physical Ink-Signature (No Digital Signatures) Date