

Unusual Enrollment History Appeal Form 2020-2021

Student Name	Student Number	
Mailing Address		
Telephone Number		
The U.S. Department of Education has determined that you have a Grant funds at three or more institutions during the past three away you did not earn academic credit at one, or more of the previously following academic year and at the following institution(s):	rd years. Upon a review of your acade	emic transcripts, it was determined that
Name of College	Dates Attended	Credits Earned
		() Yes; () No
		() Yes; () No
		() Yes; () No
		() Yes; () No
any third party documentation which would suppo page(s) may be attached.	ort your statement. Type or write	e legibly your explanation. Additional
 I certify that all of the information provided on this form is true I understand that I may be asked to submit additional documen I realize that if I do not provide an acceptable explanation, inches 	tation, if necessary.	al may be denied.
Student Signature	Date	
	Aid Office Use Only roved:Denied	
Financial Aid Office Signature	Date	
You may submit this form in person at the Fir	nancial Aid office or one of the o	ther submission options below:

Dothan Campus Eufaula Campus

1141 Wallace Drive Mail: Mail:

P.O. Drawer 580 Eufaula, AL 36072 Dothan, AL 36303

finaid@wallace.edu Email: finaid@wallace.edu Email: 334-556-2523 334-687-3128 Fax: Fax: