



Unusual Enrollment History

AST NAME	FIRST NAME	M.I.	C OF I ID # ~OR~ LAST 4 DIGITS OF YOUR SSN	
end an academic transcript (official o	r unofficial) to C of I	. Review of your financial	2021-22 and/or 2022-23 academic years. For each school list aid file cannot be completed until all transcripts are not need to request those that have already been submitted a	
Name of School you Received Pell Grant			Dates of Attendance, To-From (MM-YY to MM-YY)	
Example; College of The Moon		09-19 to	09-19 to 06-20	
	you attempted. At ts, etc.).		of the above listed schools, please provide an explanation for dditional space is required (may attach medical statements,	
Example; College of The Moon	I was in a car accident and had to withdraw; see the doctor's note attached to this form.			
agency, organization or individual who	requests such info	rmation for the purpose of	ic progress and financial circumstances, if applicable, to any f determining my eligibility for scholarships/financial assistan	