



Unusual Enrollment History

AST NAME	FIRST NAME	M.I.	C OF I ID # ~ OR ~ LAST 4 DIGITS OF YOUR SSN	
end an academic transcript (offic	ial or unofficial) to C of I	. Review of your financial	2017-18 and/or 2018-19 academic years. For each school liste aid file cannot be completed until all transcripts are 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 Idaho		09-16 to	06-17	
	not complete ALL the credits you attempted at any of the above listed schools, please provide an explanation for burses you attempted. Attach a separate sheet if additional space is required (may attach medical statements, t reports, etc.). Reason for lack of full credit			
Example; College of Idaho	I was in a car	r accident and had to witho	draw; see the doctor's note attached to this form.	
gency, organization or individual	who requests such info	rmation for the purpose of	ic progress and financial circumstances, if applicable, to any determining my eligibility for scholarships/financial assistance the form off to the Yote Stop or fax to 208.459.5844.	