



OFFICE OF FINANCIAL AID
2022-2023 UNUSUAL ENROLLMENT HISTORY

2023 CF0359/CF0360

Your 2022-2023 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 2018-2019, 2019-2020, 2020-2021, and 2021-2022. 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 studentaid.gov.

A. STUDENT INFORMATION

LAST NAME	FIRST NAME	M.I.	NSHE
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B. REQUIRED DOCUMENTS:

- Official Academic Transcripts for **all** schools attended during the awards years (required if Pell Grant or Direct Loans were not received at CSN within the review period): 2018-2019, 2019-2020, 2020-2021, and 2021-2022 (**exclude CSN transcripts and institutions has accepted credits from**).
- Explanation for *any non-completion of enrollment periods* during the following award years: 2018-2019, 2019- 2020, 2020-2021, and 2021-2022 and include documentation (i.e., medical bills, hospitalization, records, accident reports, etc.) that supports your reason for not earning academic credit.
- Academic Plan (see attached) – Please meet with your academic advisor/counselor to develop an Academic Plan based on your declared major. **PLEASE NOTE: Your Academic Plan is only valid should this UEH petition be approved.**

C. LIST ALL ACADEMIC INSTITUTIONS ATTENDED:

Complete the chart below. Be sure to list **all** institutions (**including CSN**) you attended during the award periods of 2018-2019, 2019-2020, 2020-2021, and 2021-2022. If necessary, attach a separate sheet. **Failure to report all institutions attended and/or provide official academic transcript(s) as applicable will result in a delay of processing this review and denial of aid.**

Name of College or University	Dates of Attendance	Transcripts
		<input type="checkbox"/> Attached <input type="checkbox"/> Transferred Credit
		<input type="checkbox"/> Attached <input type="checkbox"/> Transferred Credit
		<input type="checkbox"/> Attached <input type="checkbox"/> Transferred Credit
		<input type="checkbox"/> Attached <input type="checkbox"/> Transferred Credit
		<input type="checkbox"/> Attached <input type="checkbox"/> Transferred Credit
		<input type="checkbox"/> Attached <input type="checkbox"/> Transferred Credit

D. READ, SIGN AND DATE THIS FORM:

I affirm that I have read and understand this form in its entirety and that the information I supplied is true and complete. I am aware that failure to provide above documents will result in an automatic denial of future Federal Student Aid at CSN. **I also understand that completing this form does not guarantee that I will be awarded financial aid at CSN.** If I am denied financial aid eligibility, I understand that I will contact the Financial Aid Office to discuss how to regain eligibility. Should I choose to continue to enroll, I understand that I am responsible for tuition payments. The UEH evaluation may impact my financial aid eligibility, but this requirement does not impact my admission to CSN.

Student Signature (required)

Date



ACADEMIC REHABILITATION PLAN

(To be completed by a CSN Counselor or Health Sciences Advisor)

Student Name: _____ NSHE ID: _____

Declared Major: _____ Catalog Year: _____

SECTION 1: Only include classes that lead towards the completion of the declared major. Please add course name and number.

FIRST SEMESTER RECOMMENDED CLASSES Term: _____		SECOND SEMESTER RECOMMENDED CLASSES Term: _____	
Courses:	Credits:	Courses:	Credits:

THIRD SEMESTER RECOMMENDED CLASSES Term: _____		FOURTH SEMESTER RECOMMENDED CLASSES Term: _____	
Courses:	Credits:	Courses:	Credits:

Total credits Remaining until graduation	<input type="text"/>	Total transfer credits brought to CSN by student	<input type="text"/>	Total transfer credits that apply to CSN degree, including previous CSN degree credits	<input type="text"/>
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ADDITIONAL RECOMMENDATIONS

- I agree to visit/revisit my counselor or health science advisor to review my progress prior to enrolling in the second semester of this plan.
- I agree to take the Math and/or English (*check one*) Placement Exam at the CSN Testing Center before the next enrollment period
- I agree to visit the Math & Science Drop-in Labs a minimum of _____ and, if asked, will submit proof of my visit(s).
- I will utilize CSN Tutorial Services for the following class(es): _____
- I will seek accommodation form the CSN Disability Resource Center during the course of this plan.
- Other: _____
- Other: _____

Counselor/Health Science Advisor Printed Name: _____ Effective Date: _____

Department: _____ Email: _____

I acknowledge and understand that any failures or withdrawals (including audits) will invalidate this plan and place me back on Financial Aid SAP suspension. I agree to follow this Academic Rehabilitation Plan and if any changes are required, I agree to meet with my counselor/health science advisor to create and submit an updated Academic Rehabilitation Plan to the Financial Aid Office.

Agree and Acknowledge: _____ Date: _____
Student Signature (required)