



## 2024-2025 Unusual Enrollment History (UEH)

Student Name: \_\_\_\_\_ SHU ID: \_\_\_\_\_

SHU Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review as a result of your unusual enrollment history in college. Federal regulations require that we request additional information before determining your eligibility for federal student aid.

### Schools Attended:

- Please list all colleges attended during the academic years listed below. If you attended multiple schools during the indicated academic year, attach an additional page listing those schools you attended and include your name and SHU ID at the top of each page.
- Attach an unofficial academic transcript from each college attended. **Note:** If any transcript is unclear, you will be required to provide official academic transcripts.
- Failure to report all colleges with attached transcripts will result in the denial of your request for federal financial aid at Sacred Heart University.

*Table 1: List of schools attended and if credits were earned*

Name of College	Dates Attended	Did You Earn Credits? Yes or No
1.	2020 – 2021	
2.	2021 – 2022	
3.	2022– 2023	
4.	2023 – 2024	

### Extenuating Circumstances:

Please provide an explanation as to why you did not earn academic credit. You must attach third party documentation to corroborate your claim, or you will be denied federal financial aid at Sacred Heart University.

Examples of extenuating circumstances include:

- Death of an immediate family member (must include the relationship of family member to student, and copy of death certificate)
- Documented hospitalization or illness of self, child or parent (if self, must include dates and medical records as to the student's readiness to return to school)
- Military Withdrawal (include documentation from commanding officer)
- Victim of a crime or unexpected disaster (include copies of police report, third party letters, etc.)
- List all colleges you attended even if you withdrew during the semester.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document may be submitted only via [SHUAwards](#) (Menu > My Documents>Upload it now), regular mail, secure fax, or in person as it contains personally identifiable information. Submit this worksheet to the Office of Student Financial Assistance:

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (phone) 203-365-7608 (secure fax)

(Typed or e-signatures are not acceptable. Please print and sign by hand.)