



Umpqua Community College
 Financial Aid Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4602 | 541.440.4612 (FAX)
 FinancialAid@umpqua.edu

2021-2022
Unusual Enrollment History

Student Name _____ Student ID _____

Based on your previous enrollment history at other institutions, the Department of Education requires UCC to review your academic history over the past four (4) academic years.

Section 1 — Transcripts (This section is required**)**

Please attach a copy of ALL your college transcripts during the 2017-18, 2018-19, 2019-20, and 2020-21 academic years. Transcripts are required from all institutions you attended even if you did not earn academic credit. Transcripts may be official or unofficial. In the chart below, please list each college you attended.

ACADEMIC YEAR	NAME OF COLLEGES ATTENDED	TRANSCRIPTS ATTACHED	
		YES	NO
2017 - 2018		YES	NO
2018 - 2019		YES	NO
2019 - 2020		YES	NO
2020 - 2021		YES	NO

I have attached copies of ALL my transcripts or submitted official transcript to UCC's Registration & Records Department.

Section 2 — Provide an explanation for any term of enrollment with no earned academic credit

If you attended, but did not earn credit at one or more of these schools, please provide a transcript or enrollment verification and an explanation of any unusual or extenuating circumstances during a term/semester you received financial aid, which prevented you from earning academic credit at the school. Attach documentation to support your explanation of unusual or extenuating circumstances.

Section 3 — Attached Documentation

This section is required if you had no earned credit during any term of enrollment.

I have attached documentation to this form pertaining to my unusual or extenuating circumstances.

By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student Signature _____ (Digital or typed signatures will not be accepted)	Date _____
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FINANCIAL AID OFFICE USE ONLY	
Action Taken: <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted	
Reason: _____	
Financial Aid Administrator Signature: _____	Date: _____