



OFFICE OF FINANCIAL AID
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2024-2025 Unusual Enrollment History (UEH) Form

STUDENT NAME: _____ STUDENT ID: _____

The Financial Aid Office has received the results of your 2024-2025 Free Application for Federal Student Aid (FAFSA) indicating that you have an unusual enrollment history. Unusual enrollment history is defined as receiving federal aid funds at multiple institutions during these enrollment periods (2020-2021, 2021-2022, 2022-2023 and 2023-2024). Such an enrollment history requires a review to determine whether there are valid reasons for the unusual enrollment pattern. To be considered for financial aid you must complete and submit information about your enrollment records for each institution attended.

You are appealing for which semester? _____ FALL 2024 _____ SPRING 2025 _____ SUMMER 2025

List every institution of higher learning below that you have attended and provide an academic transcript for each.

Academic Year	Name of College/University	Dates of Attendance	Types of Aid (Pell, Student Loans, FSEOG, etc.)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Required Documentation and Reasons for the Appeal

- Provide transcripts from each institution of higher learning (college or university) you have attended during the years listed above.
- If medical problems played a role, attach your supporting evidence to support your particular situation.
- You must include an Academic Plan developed by you and your Academic Advisor with this form. (Page 2)
- Incompleted UEH forms will not be provided to the committee.

Please read statements below:

- I understand that decisions on UEH appeals are processed on a case-by-case basis.
- I understand that I must maintain enrollment and satisfactory academic progress to maintain eligibility in the future.
- I understand that appeals turned in without supporting documents will not be denied.
- I understand that my appeal will not be reviewed until the current semesters grades have been evaluated.
- I understand that the decision of the ECC UEH committee for my UEH appeal is final.

CERTIFICATION AND SIGNATURES

Your signature below certifies that you have read and understand each statement and all information reported on this form is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Student Name: _____ ECC ID# _____

TO BE COMPLETED WITH FACULTY/ACADEMIC ADVISOR

Program Name: _____ Program Number: _____

Please list the **TOTAL HOURS NEEDED** to complete current program: _____

List the classes you recommend for the student to enroll in the next semester, and the total hours needed for the student to graduate.

Course Number	Section Number	Course Name	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Semester Hours: _____

COMMENTS:

Advisor Signature

Advisor - Print Name

Date

Student Name: _____ ECC ID# _____

FOR FINANCIAL AID OFFICE USE ONLY:

Total Hours Earned	<input type="text"/>	Completion Rate	<input type="text"/>
Total Hours Attempted	<input type="text"/>	Cumulative GPA (FA)	<input type="text"/>
Previous Appeals	<input type="text"/>	Pell LEU	<input type="text"/>

FINANCIAL AID APPEAL COMMITTEE DECISION

A decision has been made to ___approve ___deny the financial aid appeal for the student listed.

APPEAL DENIED DUE TO:	APPEAL APPROVED DUE TO:
<input type="checkbox"/> Insufficient Documentation	<input type="checkbox"/> FAA approved (UEH "2")
<input type="checkbox"/> Completion Rate	<input type="checkbox"/> For one term
<input type="checkbox"/> Grade Point Average	<input type="checkbox"/> APPROVED (FINAL APPEAL)
<input type="checkbox"/> Maximum Timeframe	
<input type="checkbox"/> Reached Pell LEU	

COMMITTEE MEMBERS SIGNATURE

I ___agree ___disagree with the decision made by the committee. _____
Committee Member's Signature/Date

I ___agree ___disagree with the decision made by the committee. _____
Committee Member's Signature/Date

I ___agree ___disagree with the decision made by the committee. _____
Committee Member's Signature/Date

I ___agree ___disagree with the decision made by the committee. _____
Committee Member's Signature/Date