



## OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176  
Federal School Code – 008087 • <https://www.montgomery.edu/financial-aid>

### 2025-26 Unusual Enrollment History Verification Form

The U.S Department of Education has indicated you have an unusual enrollment history and is requiring MCC to verify its accuracy. **Please provide academic transcripts for each of the institutions you have attended, unless only Montgomery Community College, during the last four award years** (i.e. 2021-2022, 2022-2023, 2023-24, 2024-25). Using information from the National Student Loan Data System (NSLDS), MCC must determine if you received Pell Grant funding over the past four award years (2021-2022, 2022-23, 2023-2024, 2024-2025). Upon complete review of the documentation, approval of continued eligibility will be determined. Please submit this documentation immediately, to the Office of Financial Aid and Veterans Affairs, in order to provide sufficient time for review and determination.

#### Check the box that applies:

- ☐ The student has only attended Montgomery Community College, and no other institution.
- ☐ The student has attended more than one institution, whose names are listed below, and all transcripts have been requested or attached to this document.

Institutions Attended	Total Award Amount	Transcript Attached?
<i>University of North Carolina at Greensboro (example)</i>	<i>\$5,500.00</i>	<i>Yes</i>

**If you experienced academic difficulties that resulted in not completing courses such as a withdrawal or a grade of an “F” at one or more of the above colleges, please provide a brief explanation in the following section:** Reasons that may have caused a student to have performance issues could be due to the following: death of an immediate family member, illness, injury, or other extenuating circumstances beyond your control. Please provide a brief explanation of your situation below if any of the listed circumstances apply to you. Attach documentation to support your reason for poor academic performance. Documentation is required for this form to be reviewed.

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#### Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.  
The student and one parent whose information was reported on the FAFSA must sign and date.

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

Print Student's Name

Student's ID Number

Student's Signature

Date

Parent's Signature

Date

## **For Office Use Only**

### ☐ **Approval of Continued Eligibility**

After thorough review, the institution approves the student's continued eligibility. The Office of Financial Aid and Veterans Affairs may choose to require the student to establish an academic plan, similar to the type of plan used to resolve satisfactory academic progress (SAP) appeals as provided in the regulations at 34 CFR 668.34(c) and (d). The Office of Financial Aid and Veterans Affairs may also wish to counsel the student about the Pell Grant duration of eligibility provisions [Lifetime Eligibility Used (LEU)] and the impact of the student's attendance pattern on future Pell Grant eligibility.

### ☐ **Denial of Continued Eligibility**

After thorough review, the student did not earn academic credit at one or more of the relevant institutions and did not provide, to the Office of Financial Aid and Veterans Affairs' satisfaction, an acceptable explanation and documentation for each of those instances where academic credit was not earned. Therefore, the student is denied any additional title IV, HEA program assistance. Should the student wish to appeal the decision, they must write an appeal statement for the Director of Financial Aid and Veterans Affairs.

The student did not earn academic credit at one or more of the relevant institutions, however acceptable documentation was provided for each of those instances?

Yes \_\_\_\_\_

No \_\_\_\_\_

N/A \_\_\_\_\_

Employee Comments and Notes:

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\_\_\_\_\_  
Signature of Authorized Employee

\_\_\_\_\_  
Date

***We recommend you make a copy of this worksheet for your records.  
Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs***