



**HINDS COMMUNITY COLLEGE**  
**Office of Financial Aid**  
**2015-2016**  
**Unusual Enrollment History**

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) has been selected for 'unusual enrollment history' review by the U.S. Department of Education because you have received the Federal Pell Grant at multiple postsecondary institutions. This review will analyze your completed enrollment, earned academic credit, and federal student aid paid for the enrollment periods 2011-2012, 2012-2013, 2013-2014, and 2014-2015. The outcome of this review will determine your 2015-2016 eligibility for federal student aid at Hinds Community College. Please complete this form and submit it to the Office of Financial Aid. No financial aid can be awarded until this is

**A. STUDENT INFORMATION**

|                            |                      |                |                                   |                         |
|----------------------------|----------------------|----------------|-----------------------------------|-------------------------|
| Student's Last Name        | Student's First Name | Student's M.I. | Student's Social Security# or ID# |                         |
| Address (Include apt. no.) |                      |                | Student's Date of Birth           | Student's Email Address |
| City                       | State                | Zip Code       | Student's Phone Number            | Student's Cell Number   |

received.

**B: COLLEGES AND UNIVERSITIES ATTENDED**

Please list all institutions during the enrollment periods 2011-2012, 2012-2013, 2013-2014, and 2014-2015. **Attach an official transcript from each of the institutions attended AND attach a statement of explanation for any semester for which you did not earn academic credit. Attach additional documentation that supports circumstances** that affected semester completion or semester withdrawal (i.e., medical bills/hospital records, military assignment, or court documentation of legal events). Additional information may be requested.

| <i>Name of College/University</i> | <i>Dates of Attendance</i> | <i>Federal Student Aid Received</i> |
|-----------------------------------|----------------------------|-------------------------------------|
|                                   |                            |                                     |
|                                   |                            |                                     |
|                                   |                            |                                     |
|                                   |                            |                                     |
|                                   |                            |                                     |

**C: CERTIFICATION AND SIGNATURE-** By signing this document you certify that the information you have provided is true and complete to the best of your knowledge, under penalty of fine, imprisonment, or both if you purposely provide false or misleading information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Hinds Community College Notice of Non-discrimination Statement:**  
Hinds Community College is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President, Utica Campus, 34175 Hwy. 18, Utica, MS 39175; 601.885.7001.  
**Disability Support Services Statement:**  
Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.