

Office of Financial Aid 3303 Rebecca St. Sioux City, IA 51104 (712) 279-5530 Financial.Aid@briarcliff.edu

2026-2027 Unusual Enrollment History Form

Due to your unusual enrollment history, the Department of Education has selected your file for review. You must submit this form and the required documentation to determine your financial aid eligibility. Access the National Student Loan Data System (NSLDS) at www.nslds.ed.gov for assistance in filling out the following information. List information for the 2022-23, 2023-24, 2024-25, and 2025-26 school years.

You may be required to submit transcripts from all schools attended upon review of this form by the Briar Cliff University (BCU) Financial Aid Office.

Previous College Information Name of School **Dates Attended Credits Earned? Transcripts** ☐ Yes ☐ Attached □ No** ☐ Credits already transferred to BCU ☐ Yes ☐ Attached □ No** ☐ Credits already transferred to BCU ☐ Yes ☐ Attached □ No** ☐ Credits already transferred to BCU ☐ Yes ☐ Attached ☐ Credits already transferred to BCU □ No** ☐ Yes ☐ Attached □ No** ☐ Credits already transferred to BCU ☐ Attached ☐ Credits already transferred to BCU **If you answered "no" to Credits Earned for any of the schools you listed above, you must provide an explanation of your failure to earn credit and provide third-party documentation to support your explanation. Death of an immediate family member (you must include the relationship of the family member and a copy of the death certificate) Documented hospitalization or illness for yourself or an immediate family member (must include dates and a health care provider's decision, written on official letterhead, of your readiness to return to school) ☐ Military obligation (must include documentation from the commanding officer) ☐ Victim of a crime or unexpected disaster (must include a copy of police report, third-party letters, etc.) Other, explain below (must also include appropriate third-party documentation):

Certification

By signing this form, I certify that all information and documentation included with this form and subsequently provided to support my request are accurate and a true representation of my situation. I acknowledge that I may be required to repay any financial assistance I receive if the application or documentation I provide is false or inaccurate. I understand that if I have purposely give false or misleading information, that I can be fined, sent to prison, or both.

Student Signature:		Date:	
Office Use Only			
Review Date:	Reviewed By:		
☐ Clear flag	☐ All transcripts received	☐ Credit was earned at each school	☐ No other concern
☐ Incomplete	☐ Missing Information:		
☐ Deny aid	☐ Credit not earned	☐ Transcript(s) missing	☐ Other: