

2018-2019 Unusual Enrollment History Resolution

UEH FLAG VALUE OF '3'

(Effective enrollment years of 2014-15, 2015-16, 2016-17, & 2017-2018)

(To be filled out by institution and sent to Weber/VFAO for recordkeeping)

AID WILL NOT BE AWARDED UNTIL ELIGIBILITY HAS BEEN ESTABLISHED BY THE SUBMISSION OF THIS FORM

Student Name: _____ Student SSN: _____

Name of Awarding Institution: _____

The student indicated above has a UEH (Unusual Enrollment History) Flag value of '3' on their most recent ISIR transaction and I am performing a review of the student's academic credit during the four award year period (Award Years 2014-15, 2015-16, 2016-17, and 2017-2018)

STUDENT ELIGIBLE The student indicated above earned academic credit (either clock or credit hours) at each of the previously attended institutions during the relevant award years and I have included supporting documentation with this form. Based on the criteria set forth by the U.S. Department of Education in GEN 15-05, I have reviewed the information provided to establish eligibility and have found that the student listed above is eligible for Title IV HEA program funds for the 2018-2019 award year.

STUDENT ELIGIBLE The student indicated above did not earn academic credit at a previously attended institution and, if applicable, the institution listed above, and I have attached supporting documentation from the student to this form which explains *why* the student failed to earn academic credit. The attached documentation supports 1) the reasons given by the student for the student's failure to earn academic credit and 2) that the student did not enroll only to receive credit balance funds (**School should have third-party documentation of these claims, much like a professional judgment.**) Based on the criteria set forth by the U.S. Department of Education in GEN 15-05, I have reviewed the information provided to establish eligibility and have found that the student listed above is eligible for Title IV HEA program funds for the 2018-2019 award year.

STUDENT INELIGIBLE Based on the criteria set forth by the U.S. Department of Education in GEN 15-05, I have reviewed the information provided to establish eligibility and have found that the student listed above **is not** eligible for Title IV HEA program funds for the 2018-2019 award year. I have attached with this form acceptable explanation and documentation to support this decision. The student will be provided with an opportunity to question & appeal the decision set forth by this determination.

CERTIFICATION AND SIGNATURE

The person signing below certifies that all of the information reported is complete and correct

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

Printed Name of certifying official: _____

Position of certifying official: _____

Signed Name of certifying official: _____