



KLAMATH
Community College

Unusual Enrollment History Review

2025-2026

Financial Aid Office
7390 S. 6th Street
Klamath Falls, OR 97603
(541) 880-2352
finaid@klamathcc.edu

Please complete the steps below. Your application for financial aid will not be considered until you submit this completed form and **ALL** required documentation. You will be notified via mail of our decision.

Student's Full Name

Student's Social Security Number

STEP 1: Obtain an official academic transcript from **all previously attended education institutions**. Please address these official academic transcripts to the Financial Aid Department.

STEP 2: List below the name of any education institution(s) at which you received Federal Pell Grant funds any time during the review period (2022-23, 2023-24, and 2024-25) and did not receive any academic credit. If you need additional space, please attach a separate page. **Include your name at the top of each page.**

STEP 3: For each school listed in Step 2, attach a statement explaining the reason for your failure to earn any academic credit at that institution while receiving Federal Pell Grant funds during the review period. Attach any relevant documentation (i.e., medical bills, hospitalization records, accident reports, etc.) **Note: Documentation is required and must be official. Any personalized statements on your behalf must be notarized.**

By signing below, I certify that the information submitted on and with this form is accurate and complete.

Student's Signature

Date

OFFICE USE ONLY	REVIEWED BY _____	REVIEW DATE _____
<input type="checkbox"/> All transcripts reviewed	<input type="checkbox"/> Credit was earned at each institution	<input type="checkbox"/> No other concerns
<input type="checkbox"/> Transcript from _____	missing; transcript requested _____	
	SCHOOL	DATE
<input type="checkbox"/> Credit not earned	<input type="checkbox"/> Other: _____	
		<input type="radio"/> Clear Flag
		<input type="radio"/> Incomplete
		<input type="radio"/> Deny Aid