



# Unusual Enrollment History Review

2025-2026

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

*Your 2024-2025 Free Application for Federal Student Aid (FAFSA) has been flagged for "Unusual Enrollment History Review" by the U.S. Department of Education because you received Pell Grant funds at multiple education institutions during the review period: 2021-22, 2022-23, and 2023-2024. This flag requires Klamath Community College to review your enrollment history and determine whether or not you are enrolling only long enough to receive cash refunds of federal student aid. In the process of reviewing your enrollment history, Klamath Community College will check the National Student Loan Data System (NSLDS) to obtain a complete history: the name of institutions you have attended, and the dates of attendance.*

**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 (2021-22, 2022-23, and 2023-24 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.**

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**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="radio"/> Clear Flag
<input type="checkbox"/> Transcript from _____	<input type="checkbox"/> missing; transcript requested _____		<input type="radio"/> Incomplete
	SCHOOL	DATE	
<input type="checkbox"/> Credit not earned	<input type="checkbox"/> Other: _____		<input type="radio"/> Deny Aid