



Office of Financial Aid
 6 Pennyfield Avenue
 Throggs Neck, NY 10466
 Telephone: 718-409-7200
 Email: financialaid@sunymaritime.edu



2024-25 Unusual Enrollment Verification Form

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 Federal Pell Grant and/or Federal Direct Loan funds at multiple education institutions during the past four award years: 2020-21, 2021-22, 2022-23, and 2023-24. This flag requires SUNY Maritime College to review your enrollment history to determine whether or not you are enrolling only long enough to receive cash refunds from the federal aid programs and determine aid eligibility. In the process of reviewing your enrollment history, Maritime will check the National Student Loan Database system (NSLDS) to obtain a complete history such as the name of the institutions you have attended, and the dates of attendance.

Section A: Student Information

First Name: _____ Last Name: _____
 Maritime ID#: _____ Telephone #: _____

Section B: Print your Federal Financial Aid History

You may obtain your Federal financial aid history by logging into your federal student aid account at www.studentaid.gov. Under your name select “My Aid” and print the grant page and loan page to attach to this form.

Section C: Prior College Transcripts Required to be Evaluated

Make sure you have submitted official academic transcripts for all colleges/universities you attended and received federal financial aid for the academic years of 2020-21, 2021-22, 2022-23, and 2023-24 to the Admissions Office. Missing official transcripts will cause a delay on the Enrollment Verification evaluation.

SECTION D: Enrollment History

List all colleges/universities attended during the academic periods that include 2020-21, 2021-22, 2022-23, and 2023-24. If you attended SUNY Maritime College during any of these years, you are required to list our school. Attach an additional page, if needed, which includes the information from the chart below. Include your name and Maritime ID number at the top of each page. In a separate page, explain the reason you have attended the colleges listed, whether or not you completed your degree. If you did not complete your degree, explain the reason you did not. Also, in your letter indicate your educational intentions at SUNY Maritime College, include the degree you are seeking, the program you are pursuing, and when do you expect to finish your program.

Name of College or University	Dates of Attendance (Month/Yr. to Month/Yr.)	Pell Grant and/or Loans received?		Did you earn credit(s)? Passing grades are A,B,C,D	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

First Name: _____

Last Name: _____

Maritime ID#: _____

SECTION E: Credits Not Earned

For each school listed in Section D that you did not earn academic credit(s), attach a statement explaining the reason you did not earn credit and submit supporting documentation. Examples include, but are not limited to:

- Death of immediate family member – Provide the relationship to you and a copy of the death certificate
- Victim of crime or unexpected disaster – Provide a copy of police report, and/or other supporting documentation
- Military obligations – Provide documentation from your commanding officer, military orders
- Birth of child – Provide birth certificate
- Illness or hospitalization of self or family member – Provide documentation of medical treatment including dates, medical records, and letter from doctor which include a student's readiness to return to school
- Other circumstances beyond your control – Provide documentation to support not earning credits

Note: the supporting documentations must coincide with the dates of attendance listed in Section D.

SECTION F: CERTIFICATIONS AND SIGNATURES (Required)

Please Read Carefully: By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information, it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both. I understand that SUNY Maritime will review the information provided and reserve the right to request for additional documentation.

Please print this document to sign and date it. We cannot accept forms containing e-signatures, typed signatures, or e-pen.

Student Signature: _____

Date: _____