

Unusual Enrollment History Appeal 2023-2024

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected by the U.S. Department of Education regarding an unusual enrollment history review because you received Federal Aid funds from multiple institutions during the following review periods: 2019-2020, 2020-2021, 2021-2022, and 2022-2023. So that a determination of your eligibility for federal financial aid can be made, complete this form and submit the requested documents to Lincoln University-MO Office of Student Financial Services. Your application for financial aid will not be considered until you submit the requested documents.

Date Studen	nt Name	
LincolnU ID Lincoln	nU Email	Phone Number
During the last academic year (2022-2023), did you:		
Attend Lincoln University-MO Fall 2022, and Spring 2023?		Yes No
Complete and submit a 2021-2022 UEH Review at Lincoln U	niversity-MO	Yes No
 If YES to all: sign, date, and submit this form. If NO to any: continue with Step 1 and 2, sign, date, and submit this form with your academic transcripts and statements to the Financial Aid Office. 		
What you need to do: Obtain and attach an academic transcript from every institution you attended during the review periods listed below. Copies of the official or unofficial transcripts must be attached to this form. Lincoln University's Office of Admissions or Registrar will not be able to provide copies of transcripts, even if you have already submitted them to Lincoln.		
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Name of College	Academic Year Attended	Did You Earn Credits
	Academic Year Attended 2022-2023	Did You Earn Credits No
	2022-2023	Yes No
	2022-2023	Yes No
	2022-2023 2021-2022 2020-2021 2019-2020 ing the reason for your failure to eacumstances described in your state	Yes No Yes No Yes No Yes No Yes No Arn any academic credit at each ement (i.e. medical bills,
Name of College Attach a typed and signed statement explain institution. Attach supporting documentation for the circ	2022-2023 2021-2022 2020-2021 2019-2020 ing the reason for your failure to eacumstances described in your state and student and with this form is accurate and must be made by the Office of Final	Yes No Yes No Yes No Yes No Yes No Arn any academic credit at each ement (i.e. medical bills, ID number at the top of each discomplete. I also understand that my