



Unusual Enrollment 2022-2023

Financial Aid Office
Phone: (208) 524-3000 ext. 7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN (Required)	Phone Number

The Financial Aid Office at the College of Eastern Idaho (CEI) has received information from the National Student Loan Database System (NSLDS) regarding an 'Unusual Enrollment History' during your post-secondary education. In order to determine your federal aid eligibility the following information must be submitted to the College of Eastern Idaho, Financial Aid Office. We will review the information provided to determine your eligibility, we reserve the right to request any additional documentation.

Provide Enrollment Information:

List all the institutions including CEI, that you have attended during the academic periods that include 2018-2019, 2019-2020, 2020-2021, and 2021-2022 award years.
 You are required to submit all Official Transcripts to CEI from all institutions that you have previously attended, including institutions you have attended before 2017, for admission purposes. Please confirm Official Transcripts have been received by CEI Admissions. (208)535-5390, Fax: (208)525-7026, info@cei.edu

Name of School Attended	Dates of Attendance	Credit Hours Earned	Received Pell Grant (Yes/No)	Received Direct Loan (Yes/No)	Transcripts Receive at CEI (Yes/No)
Example: ABC College or ABC University	Jan 2018-May 2018	6 credit	Yes	Yes	Yes

Attach Explanation:

Attach a separate explanation if you failed to earn any academic credit for a term at that specific school. Explain why you failed to earn academic credit, for each institution. Attach supporting documentation (i.e., medical bills, physician letters, accident reports, academic advisor letter etc.) that supports your reason for not earning credit(s) for the term. Your application for financial aid will not be considered until you submit the complete form and all required documentation.

Certifications and Signatures
 By signing this form I certify that all of the information reported is complete and all documents are true and accurate. I understand that I must provide verification of the statements I have made. If approved for financial aid, I agree to the terms set forth by the Financial Aid Office, in accordance with the federal guidelines from the Department of Education and the Institution's Satisfactory Academic Progress Policy.

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Student Signature: _____ **Date:** _____

Financial Aid Office Use Only	Received By :	Date Received:	Documentation Received <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Awarded: <input type="checkbox"/>	Date:	Email Notification <input type="checkbox"/>
Comments:			Processed By: _____ NSLDS Report <input type="checkbox"/>