



2022-2023 Unusual Enrollment History (UEH) Review  
Finger Lakes Health College of Nursing & Health Sciences  
Marion S. Whelan School of Practical Nursing

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

**C-Code 359 – UEH Value 2**

No action necessary if student received a Pell Grant or a Direct Loan at this institution in the 2018-19, 2019-20, 2020-21, or 2021-22 award year(s), -OR-

Did **not** receive a Pell Grant or a Direct Loan at this institution for the 2018-19, 2019-20, 2020-21, or 2021-22 award year(s) - follow UEH Value 3 below

**C-Code 360 or 359 as noted above – UEH Value 3**

Print NSLDS report and attach to this form, -AND-

Gather transcripts for each of the institutions the students attended during the following award years per NSLDS: 2018-19, 2019-20, 2020-21, or 2021-22

**Institution Name:** \_\_\_\_\_

Transcript Attached  Yes

Transcript Evaluated  Yes Date Reviewed \_\_\_\_\_

**Academic Credit was earned at the Institution** (student completed clock hours or credits)

FAO has no reason to believe the student is one who enrolls just to receive credit Balances

**Academic Credit was NOT earned at the institution**

Student provided 3<sup>rd</sup> party documentation to prove the reason(s)

**Institution Name:** \_\_\_\_\_

Transcript Attached  Yes

Transcript Evaluated  Yes Date Reviewed \_\_\_\_\_

**Academic Credit was earned at the Institution** (student completed clock hours or credits)

FAO has no reason to believe the student is one who enrolls just to receive credit Balances

**Academic Credit was NOT earned at the institution**

Student provided 3<sup>rd</sup> party documentation to prove the reason(s)

**Institution Name:** \_\_\_\_\_

Transcript Attached  Yes

Transcript Evaluated  Yes Date Reviewed \_\_\_\_\_

**Academic Credit was earned at the Institution** (student completed clock hours or credits)

FAO has no reason to believe the student is one who enrolls just to receive credit Balances

**Academic Credit was NOT earned at the institution**

Student provided 3<sup>rd</sup> party documentation to prove the reason(s)

**Institution Name:** \_\_\_\_\_

Transcript Attached  Yes

Transcript Evaluated  Yes Date Reviewed \_\_\_\_\_

**Academic Credit was earned at the Institution** (student completed clock hours or credits)

FAO has no reason to believe the student is one who enrolls just to receive credit Balances

**Academic Credit was NOT earned at the institution**



**2022-2023 Unusual Enrollment History (UEH) Review**  
*Finger Lakes Health College of Nursing & Health Sciences*  
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Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
\_\_\_ Student provided 3<sup>rd</sup> party documentation to prove the reason(s)

**Review of Documentation**

- \_\_\_ Student provided the attached documentation to prove valid personal reasons such as identity theft, illness, family emergency, school closures, and change in residence or military obligations.
  - \_\_\_ Student provided the attached documentation to prove valid academic reasons such as the institution presented unexpected academic challenges or that the student determined, before completing any academic credit that the academic program did not meet the student's needs.
  - \_\_\_ Student provided 3<sup>rd</sup> party documentation to prove the reason(s) listed below.
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**FAO Evaluation of the Documentation:**

- \_\_\_ **Satisfied.** The documentation supports the reasons given by the student for the student's failure to earn academic credit and that the student did not enroll to only to receive credit balance funds.
- OR-**
- \_\_\_ **Not Satisfied.** The documentation does NOT support the reasons given by the student for the student's failure to earn academic credit and that it is believed the student did enroll to only to receive credit balance funds,

**NOTES:**

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\_\_\_\_\_  
Financial Aid Officer Printed Name

\_\_\_\_\_  
Status updated in system

\_\_\_\_\_  
Financial Aid Officer Signature

\_\_\_\_\_  
Date