



**Unusual Enrollment
History (UEH) Appeal**

Student's Name: _____ WCJC ID # _____

Phone: _____ Email: _____

The U.S. Department of Education has determined a review of your college enrollment history prior to offering additional Federal Title IV funds for **2026-2027** is required. Your record shows that you received federal financial aid funds at one or more institutions during the past four academic years including 2022-2023, 2023-2024, 2024-2025, and 2025-2026. Upon review of the academic transcripts submitted, it was determined that you did not earn full academic credit at one or more of the previously attended institutions and this has resulted in a denial of any additional Federal Title IV funds.

Instructions to appeal the denial:

1. If there are missing transcripts from other institutions, it is the student's responsibility to ensure that all transcripts from all the institutions previously attended are received by the WCJC Office of Admissions and Registration (OAR). Eligibility for financial aid cannot be determined until all official transcripts are received.

2. List all institutions attended during the review period below:

College or University

Dates of attendance

Credits earned?

2022-2023

☐ Yes ☐ No

2023-2024

☐ Yes ☐ No

2024-2025

☐ Yes ☐ No

2025-2026

☐ Yes ☐ No

3. Students must submit a separate typed statement for each institution where credits were not earned, explaining why they did not earn any credits at that institution. Attach supporting documentation for the circumstances described in the statement (i.e., medical or other legal documents, statements from counselors, attorneys, etc.) with this form. Include the student's name and ID on each document.

Financial aid will review the UEH Appeal and notify the student via their school email account. If the appeal is approved, and for any reason, you fail to meet the WCJC Satisfactory Academic Progress (SAP) requirements, you will continue to be ineligible for aid unless a [SAP Appeal](#) is approved.

I certify that the attached statement and document(s) are true and accurate. False statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I understand that all decisions are final and that I am responsible for any charges and payment deadlines while my appeal is being reviewed.

Student signature: _____ Date: _____