

2026-27 UNUSUAL ENROLLMENT HISTORY VERIFICATION FORM

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| FIRST NAME: | LAST NAME: | DATE OF BIRTH: |
| HOPKINS ID: | JHED ID: | PHONE NUMBER: |
| EMAIL: | DIVISION: | LEVEL: |

Verification Guidelines: A student may be flagged for “Unusual Enrollment History Review” by the U.S. Department of Education because they received federal Pell Grant or Direct Loans at multiple education institutions during the review period (2022-23, 2023-24, 2024-25, and 2025-26 academic years). This flag requires the Office of Student Financial Services to review the student’s enrollment history during the review period. Submission of this form does not guarantee the reinstatement/awarding of financial aid.

DOCUMENTATION

- List below the name of any/all institution(s) at which you received a Pell Grant or Direct Loan during the review period (2022-23, 2023-24, 2024-25, and 2025-26 academic years). PLEASE ATTACH TRANSCRIPTS (UNOFFICIAL ARE OK) FOR EACH INSTITUTION.

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- If you received Pell or Direct Loans at any institution but are not able to provide a transcript indicating that you earned any academic credit during the award year in which you received aid, you need to attach a personal statement explaining the reason for your failure to earn any academic credit at that institution while receiving federal student aid. Attach any relevant supporting documentation and include your Hopkins ID or JHED at the top of each page. All documentation submitted is confidential. Some examples of unusual circumstances follow, along with examples of appropriate supporting documentation. If you did earn credit at any/all of the institutions, the credit/earned coursework should be reflected on the transcript(s).

| CIRCUMSTANCE | EXAMPLES OF SUPPORTING DOCUMENTATION |
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| The student’s own mental or physical illness, injury or disability | Personal statement, as well as verification of health-related reasons, signed by your physician. |
| Personal circumstances beyond the student’s control, other than the student’s own mental or physical illness or injury or disability | Provide a personal statement, supported by third-party written documentation from a non-family member, such as an academic adviser, attorney, clergy member, etc. describing the circumstances |

I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately obtained all supporting documentation. I have attached my personal statement(s) explaining my circumstances at each school listed above. ATTACH DOCUMENTS WITH BUTTON ABOVE IF USING DOCUSIGN OR MAIL/FAX THIS FORM AND ALL DOCUMENTS TO THE ADDRESS/FAX NUMBER ABOVE OTHERWISE.

Student Signature: _____ Date: _____

Original signature or DocuSign required. Signatures may not be typed.