

Financial Aid Office • P.O. Box 1197 • Roxboro, NC 27573 336·599·1181 PHONE ● 336·598·9283 FAX

2017-2018 Unusual Enrollment History Form

ident Name:			Student ID#			
(Print	your full name)					
PCC Financial Aid Office haunusual enrollment history' d				oan Data Sy	stem (NSLDS) regard	
following information must /or state financial aid. Please lemic years 2013-2014, 2014-	submit academic	c transcripts for all				
Name of School	School Location	Dates of Attendance (From - To) (MM-YYYY)	Enrollment Status (Full-time, Part-time)	Credit Hours Earned	Degree Type Sought (Associates, Bachelors, Masters)	
ou have failed to earn any act		the institutions list	ed above, please e	explain your	reason(s) and	
Certification and Signatures Signing this worksheet certifies that all of the information you reported on it is complete and correct.				WARNING: If you purposely give false of misleading information you may be fine be sentenced to jail, or both.		
Student's Signature				Date		

Please return this completed form to: Piedmont Community College Financial Aid Office PO Box 1197, Roxboro, NC 27573 or FAX to 336·598·9283