

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

Broward Email \_\_\_\_\_ Phone Number \_\_\_\_\_

The Department of Education has selected your 2017-2018 Free Application for Federal Student Aid (FAFSA) for Unusual Enrollment History (UEH) because you have received Federal Pell Grant and/or Federal Direct Loan funds from multiple institutions during the review period. To view your enrollment history, log on to [www.nslds.ed.gov](http://www.nslds.ed.gov) using your FSA ID. The award years reviewed by the Department of Education are:

- 2014-2015 Award Year
- 2015-2016 Award Year
- 2016-2017 Award Year
- 2017-2018 Award Year

In order for the Financial Aid Office to review your UEH, you must submit the following:

**STEP 1:** A detailed, typed letter explaining your enrollment history at all prior institutions where you were awarded federal student aid. The letter must include dates of attendance and reason(s) for not completing your program of study/earning academic credit at each school. The letter should also include your intent for success at Broward College.

**STEP 2:** Unofficial transcripts from the prior institutions where you received Federal Pell Grant and/or Federal Direct Loan during the award years listed above.

**STEP 3:** Schedule an appointment with an academic advisor to complete an Academic Student Success Plan (see page 2).

Please allow 7-10 business days for processing. The Financial Aid Office will contact you for additional documentation such as transcripts as needed. Please check your Broward email for the status of your review.

**By signing below, I certify that the information submitted is accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this form and supporting documentation to your local Financial Aid Office**

**Office Use Only**

Reviewed By: \_\_\_\_\_

Review Date: \_\_\_\_\_

<p><input type="checkbox"/> <b>Clear Flag</b> <b>Check Reasons Below:</b></p> <p><input type="checkbox"/> Letter Reviewed and Approved</p> <p><input type="checkbox"/> NSLDS Reviewed and letter explains all periods of enrollment</p> <p><input type="checkbox"/> Transcripts Reviewed</p> <p><input type="checkbox"/> Academic Success Plan Completed</p> <p><input type="checkbox"/> Letter contains the student's intent to succeed during this enrollment period</p>	<p><input type="checkbox"/> <b>Incomplete</b> <b>Check Reason Below:</b></p> <p><input type="checkbox"/> Letter Incomplete</p> <p><input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> Academic Success Plan</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> <b>Deny Aid</b> <b>Check Reason Below:</b></p> <p><input type="checkbox"/> Insufficient Reasons</p> <p><input type="checkbox"/> Incomplete Letter</p> <p><input type="checkbox"/> No Academic Success Plan</p> <p><input type="checkbox"/> Did not respond to the request for additional documentation</p>
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# Academic Success Plan

Office Use Only
Advisor's Initial & Date

Name (Last, First): \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Plan Length \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for Standards of Academic Progress Failure: (Check All that Apply: Cum GPA \_\_\_\_\_ Pace \_\_\_\_\_ 150% \_\_\_\_\_)

**Step 1:** To be completed by the student before the advising appointment.

1. Do you have any prior degrees or certificates? No  Yes  If yes, please list:

2. What Broward College Degree or Certificate Program(s) are you currently pursuing? (What is your Transfer Program/Major?)

3. If you are seeking admission into a program that has limited access requirements, please print and attach a copy of the program requirements to this Academic Progress Plan. Program requirements can be found in our College Catalog or on the Broward College website at <http://www.broward.edu>. (Examples: Nursing, Physical Therapist Assistant, etc.)

4. Make an appointment with an academic advisor. (Take the Program Evaluation(s) to the meeting with you.)

**Step 2:** To be completed with the academic advisor.

1. Based on my advising session, I have agreed to use the following academic support services:

Writing Lab  Reading Lab  Science Lab  Math Lab  Student Success Workshops  Tutoring  Career Exploration

2. Development Requirements:

	First Term	Second Term	Third Term	Fourth Term
ENG				
RDG				
MAT				

3. I agree to enroll only in the following course(s) and maintain a cumulative 2.0 GPA

Term	Course Title	Credits	Term	Course Title	Credits

By signing this plan, I certify that the program on my academic profile/plan is accurate and that I will follow it. I have reviewed the program requirements with my academic advisor and developed a realistic plan to complete my program of study. I also agree to take only those courses that are required for my program, as outlined on the attached program evaluation and my educational plan, to earn credits for all courses attempted and eliminate a pattern of withdrawals and failures, if applicable, and follow the recommendations of my advisor. If I am required to take developmental courses, I agree to focus on completing those courses as advised by my advisor. If I change my program, I understand that I may jeopardize my eligibility for financial aid, and **I understand that this plan does not guarantee financial aid eligibility.**

Student's PRINTED Name \_\_\_\_\_ Student's SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_ Scan Code: FED360