

## **Office of Student Financial Services**

## 2024-2025 Unusual Enrollment History Review

tudent Name: SOMA ID:				
Enrollment History Review because you	ed your 2024-2025 Free Application for Freceived Federal Pell Grant and/or Fede period: 2020-2021, 2021-2022, 2022-2020 ory to determine aid eligibility.	ral Direct Loan fund	s from multiple	
Did you:				
Attend Hackensack Meridian School of Medicine Summer/Fall 2023 and/or Winter/Spring 2024?		Yes	□No	
If <b>YES:</b> sign, date, and submit this form. If <b>NO</b> : continue with Step 1 and 2, sign, Office of Student Financial Services.	date, and submit this form with your aca	demic transcripts ar	nd statements to the	
What you need to do:				
listed below.	nic transcript from <u>every</u> institution you and the control of the	ttended during the	review periods	
Name of College	Dates Attended	Did You Ea	Did You Earn Credits?	
	2020-2021	Yes	☐ No	
	2021-2022	Yes	☐ No	
	2022-2023	Yes	☐ No	
	2023-2024	Yes	☐ No	
credit at each institution.  Attach supporting docum hospitalization records, accide page.	d statement explaining the reason for you nentation for the circumstances described nt reports, etc.). Include your name and a remation submitted on and with this form	d in your statement student ID number a	(i.e. medical bills, at the top of each	
Student Signature  (Blue, black ink, or DocuSian signatures acc		Date		