



2026-2027 UNUSUAL ENROLLMENT HISTORY (UEH) FORM

Student Name: _____

AC ID#: _____

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review due to your unusual enrollment history in college. The U.S. Department of Education indicated that you have attended multiple colleges/universities over several years. This is considered unusual enrollment history in attempting to receive federal financial aid. Federal regulations dictate that we must ask you for additional information before determining your eligibility for federal student aid. Please submit copies of your official college transcripts for the academic years below.

Prior financial aid received (check one):

- I received academic credits from all institutions that I attended during the past four award years (*Award Years: 2022-2023, 2023-2024, 2024-2025, and 2025-2026*) as confirmed by my official academic transcripts.
- I did not receive any academic credits from one/all institutions that I attend during the past four award years (*Award Years: 2022-2023, 2023-2024, 2024-2025 and 2025-2026*).

If you did not earn any academic credit at a previously attended institution, including Albright College, during the award years mentioned above, you must attach to this form a typed statement explaining why you failed to earn academic credit. You must submit a separate typed statement for each institution(s), which you attended and failed to earn academic credit. Attach any relevant supporting documentation (e.g. doctor statement, etc.) to support your claim.

By signing below, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature: _____

Date: _____

To be completed by Financial Aid Administrator

- The student did not enroll in multiple institutions solely to obtain a credit balance payment and is eligible to receive aid.
- The student appears to have enrolled in multiple institutions solely to obtain the credit balance payment and is ineligible to receive aid.

Financial Aid Administrator Signature: _____

Date: _____