

**Atlanta's John Marshall Law School
Office Financial Aid
2020-2021 Unusual Enrollment History Review**

AJMLS ID:

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Student's First Name: _____

Last Name: _____

The U.S. Department of Education flagged your 2020-2021 Free Application for Federal Student Aid for Unusual Enrollment History Review because you received Federal Pell Grant and/or Federal Direct Loan funds from multiple institutions during the following review period: 2016-2017, 2017-2018, 2018-2019 and 2019-2020. This flag requires AJMLS to review your enrollment history to determine aid eligibility.

Did you:

Attend AJMLS Fall 2019 and Spring 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Submit a 2019-2020 Unusual Enrollment History Review at AJMLS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **YES to all**: sign, date, and submit this form.

If **NO to any**: continue with Step 1 and 2, sign, date, and submit this form with your academic transcripts and statements to the Financial Aid Office. ***Your application for financial aid will not be considered until you submit this completed form and required documentation.***

What you must do:

Step 1: Obtain and attach an academic transcript from every institution you attended during the review periods listed below.

These official or unofficial transcripts must be turned in with this form.

AJMLS's Office of Admissions or Registrar will not be able to provide copies of transcripts, even if you have already submitted them to AJMLS.

Name of College	Dates Attended	Did You Earn Credits?	
	2016-2017	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2017-2018	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2018-2019	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2019-2020	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Step 2:

- Attach a typed and signed statement explaining the reason for your failure to earn any academic credit at each institution.
- Attach supporting documentation for the circumstances described in your statement (i.e. medical bills, hospitalization records, accident reports, etc.). Include your name and student ID number at the top of each page.

By signing below, I certify that the information submitted on and with this form is accurate and complete.

Student Signature

Date

(Please use blue or black ink. ***DUE to the recent disruptions caused by COVID-19, electronic signatures will be accepted when submitting this form.***)

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