FORM UEHFLG - Idaho State University 25-26 UNUSUAL ENROLLMENT HISTORY REQUEST			UEHFLG-26		
Please complete the information below, provide the requested documentation, and return the completed form to one of the following addresses:					
Office of Financial Aid, Idaho State U 921 S 8 <sup>th</sup> Ave, Stop 8077, Pocatello, Phone: (208)282-2756 Fax: (Scan and Upload: isu.edu/financiala University Place, Bennion Student U 1784 Science Center Dr, Idaho Falls,	ID 83209-8077 208)282-4755 Ema <u>id/upload</u> Jnion Building, Stude	il: <u>financiala</u>	id@isu.edu Office		
*Student Name:	Last		First		M.I.
SU ID: *Last 4 Digits of Social Security #:*					
aid eligibility. Our office will then redocumentation, if necessary.  I. ENROLLMENT INFORMATION Please list all institutions (includin 2021-2022, 2022-2023, 2023-202) from previous schools have been (208-282-2475). For each school academic credit for a term at that (i.e., medical bills, physician letter any credits for a term. Please includated the attachments. Your application for completed form and all requires.	Note that the second se	uring the ac You will ne cessed by the parate explosing ttach any ac s, etc.) that ISU ID nume	cademic per eed to confire ne ISU Admi anation if yo dditional sup supports yo nber at the to	iods that inclum that all office issions Office u failed to ear porting docur ur reason for op of each pag	de ial transcripts n any nentation not earning ge of the
Name of School	Dates of Attendance	Credit Hours Earned	Received Pell Grant (Yes/No)	Received Direct Loan (Yes/No)	Transcripts at ISU (Yes/No)
II. CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct. Purposefully giving false or misleading information on this form may lead to fines, prison or both.  WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.					
tudent's Signature: Date: Typed signatures not accepted					