



**Return to:**  
 5500 University Parkway UH 150  
 San Bernardino, CA 92407  
 Tel: (909) 537-5227  
 Fax: (909) 537-7024

**2017-2018 Enrollment History**

Student Last Name	First Name	Coyote ID#
		(    )
		Phone Number

Based on data from the Department of Education, you have received a Pell Grant or Direct Loan disbursement during a time in which your enrollment history reflects a pattern that includes enrollment at numerous institutions. The Financial Aid Office must review your enrollment history over the past four academic years.

Please list the colleges that you have attended over the past four years.

College Name (i.e. Valley College)	Enrollment Period (i.e. 8/13 - 5/14)	Number of Units Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide an academic transcript (Unofficial transcripts are acceptable) for each college listed above. If you did not complete the course(s) that you were enrolled in, you must provide a written explanation.

**CERTIFICATION:**

By signing this form, I certify that all of the information reported on this form is true, complete and accurate. I agree to provide additional documentation if requested.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Unusual Enrollment History Resolved:  Yes  No (Please explain)

Comments: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_