

**Office of Financial Aid
2014-2015 Enrollment History Review**

Your 2014-2015 Free Application for Federal Student Aid (FAFSA) was selected for a review of your enrollment history. You must complete both sides and sign and submit this worksheet. Also, submit academic transcripts for each of your prior schools listed to the Office of Financial Aid.

A. Student's Information

| | | | |
|---|----------------------|----------------------------|-------------------------|
| Student's Last Name | Student's First Name | Student's M.I. | Student's ID (J#) |
| Student's Street Address (include apt. no.) | | Student's Social Security# | |
| City | State | Zip Code | Student's Date of Birth |
| Student's Home Phone Number (include area code) | | Student's Email Address | |

B. Colleges, Vocational Schools, and other Postsecondary Institutions:

List all institutions (including CCP) attended during the academic periods that include 2011-2012, 2012-2013, 2013-2014. Attach a separate sheet, if additional space is required, with your name and student ID (J#) at the top.

| Names of Schools, Institutes, Colleges, etc. | Dates of Attendance (To – From) (MM-DD-YYYY) | Enrollment Status (Full-time, Part-time) | Credit Hours Earned | Types of aid received (e.g. Pell Grant, Loan) |
|--|--|--|---------------------|---|
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Student 's Name: _____

ID# _____

EHR14

C. CCP Enrollment History

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|---|
| <p>a. Are you a continuing student at CCP? (<input type="checkbox"/> es (<input type="checkbox"/> No (Have you enrolled at CCP previously and earned college credit?)</p> |
| <p>b. If no, why have you decided to pursue a program at CCP?</p> |

D. For each school attended (listed in Section B), you must obtain an academic transcript and submit to the CCP's Office of Financial Aid. Full review cannot be completed until all your transcripts have been received.

E. If you did not receive full passing credit for all courses taken, provide an explanation why your progress was interrupted at that school. Attach a separate sheet, if additional space is required, with your name and student ID (J#) at the top.

| Name of School | Reason for lack of full credit |
|----------------|--------------------------------|
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F. Certification and Signatures

I certify that all information reported is complete and correct to the best of my knowledge.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature



Date

| | |
|--|--|
| <p>Submit Form and Documentation to: Office of Financial Aid Community College of Philadelphia 1700 Spring Garden Street, Room MG-15 Philadelphia, PA 19130</p> | <p>Fax: (215) 972-6234 Email: financialaid@ccp.edu</p> |
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