



Financial Aid
 May Hall, Room 111
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

Unusual Enrollment History

Dickinson State University has received your 20__-20__ FAFSA and has noted that you are flagged for 'Unusual Enrollment History.' Before you will be considered for aid we must first evaluate and determine if you can be considered for aid based on past history.

Complete the following, attach any pertinent information, and return to the Financial Aid Office for review.

Please Print Name _____ Date _____

Complete the following for all institutions attended (complete the appropriate school year(s)):

_____ Attended from ___/___/ **19** to ___/___/ **20**
 Institution

Reason for withdrawal:

_____ Attended from ___/___/ **18** to ___/___/ **19**
 Institution

Reason for withdrawal:

_____ Attended from ___/___/ **17** to ___/___/ **18**
 Institution

Reason for withdrawal:

_____ Attended from ___/___/ **16** to ___/___/ **17**
 Institution

Reason for withdrawal:

Attaching documentation explaining or justifying withdrawals is in your best interest. I request that Dickinson State University consider me for financial aid eligibility. I have completed this form to the best of my ability and have attached appropriate documentation. I understand that DSU has the right to contact the above institution(s) for additional information.

Signature: _____ Date: _____

I understand that all transcripts from previous institutions must be received by DSU for evaluation of eligibility. I understand that if denied I will have the right to appeal with additional information/documentation and that an appeal is not a guarantee that I will be approved.

<u>DSU Financial Aid Office Use Only</u>			
Approved for aid:	Yes _____	No _____	Initialed: _____ Date: _____