

Email: _____@student.friends.edu Phone Number: (____) _____
(Friends Financial Aid will only respond to your student email)

Revised 9/21/2022 Office of Financial Aid ● 2100 W University ● Wichita, KS 67213 ● 316-295-5100 ● 800-794-6945 Ext.5100



FRIENDS
UNIVERSITY

Office of Financial Aid

RRAAREQ: UEH
SCAN: Miscellaneous - UEH

Financial Aid

Unusual Enrollment History

2023-2024

EXAMPLES of circumstances follow, along with examples of appropriate documentation required to support and appeal.

Circumstances	Examples of Supporting Documentation
The student's own mental or physical illness, injury or disability	Obtain a letter from a licensed health care provider on the health care provider's letterhead
Death of a family member or significant person in the student's life	Provide a copy of an obituary or death certificate
Illness, accident or injury of a significant person in the student's life	Provide documentation (i.e. physician's statement, police report or documentation from a third-party professional, such as a hospital billing statement)
The student's own divorce or separation or the divorce or separation of the student's parent(s)	Provide an attorney's letter on the law firm's letterhead, petition for dissolution or copy of the divorce decree
The student's own mental or physical illness, injury or disability	Obtain a letter from a licensed health care provider, on the health care provider's letterhead
Personal circumstances other than the student's own mental or physical illness or injury or disability; issues with the student's spouse, family, roommate, or other significant person in the student's life	Personal letter of explanation and any supporting documentation
Employment changes	Provide documents to show loss of job, reduction of hours, required overtime hours or other employment changes on an official employer letterhead
Other	Requires supporting documentation



Financial Aid Unusual Enrollment History 2023-2024



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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify that all information on this form is true and accurate. I have provided complete information to the best of my knowledge.

Student's Signature: _____ Date: _____

Typed signatures cannot be accepted.

If you have any questions, please call (316) 295-5100 or (800) 794-6945, ext. 5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

FOR OFFICE USE ONLY:

Date Appeal Received: _____ Enrollment History Pattern: _____

Supporting Documents Received: Y N

Decision: APPROVED DENIED

Director/Assistant Director Date

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.