



400 Paramus Road, Paramus, New Jersey 07652
201-447-7100 • www.bergen.edu

**OFFICE OF FINANCIAL AID
2017-2018
UNUSUAL ENROLLMENT HISTORY
APPEAL**

NAME: _____ **BCC ID#:** _____

The U.S. Department of Education has indicated that you exhibit a pattern of unusual enrollment based on your attendance and Federal student aid history at prior colleges/universities attended. In order to determine your financial aid eligibility at Bergen Community College (OPE-ID 004736-00), we must verify your credits earned and aid received. Failure to submit this appeal form and all required documentation will result in denial of your financial aid application.

PLEASE COMPLETE THE SECTIONS BELOW.

SECTION A. (to be completed by student)

1. What is your program of Study? _____
2. What is your Anticipated Graduation Date? _____

Indicate which semester/term this appeal is for? Fall Spring Summer

3. Please initial each item indicating that you have read and understand the information below:

- _____ I understand that decisions on Unusual Enrollment History are processed on a case-by-case basis
- _____ I understand that I must maintain enrollment and satisfactory academic progress (SAP) to maintain financial aid eligibility in the future
- _____ I understand that the decisions of the Bergen Community College Office of Financial Aid are **FINAL**

Student Acknowledgement By completing & signing this form, I certify that I understand all information on this form & I have reported it accurately & completely.

STUDENT SIGNATURE: _____ **DATE:** _____

SECTION B. (to be completed by Academic Counselor)

Academic Counselor Acknowledgement I certify that I have met with the student & reviewed the student's Academic Evaluation.

COUNSELOR SIGNATURE: _____ **DATE:** _____

COUNSELOR NAME (PRINT): _____

Please scan this completed form to faforms@bergen.edu (from your BCC E-Mail).