

**SETON HALL UNIVERSITY**  
**2026-2027 Unusual Enrollment History Form**

After completion of your 2026 – 2027 Free Application for Federal Student Aid (FAFSA), the U.S. Department of Education has indicated that you may have an “Unusual Enrollment History” regarding the receipt of Federal Pell Grant and/or Federal Direct Loan funds at multiple education institutions during the past four academic years. Using information obtained from the National Student Loan Data System (NSLDS) as well as your transcripts, Seton Hall University is required to determine if academic credit was earned during the award year Pell Grant and/or Direct Loan funds were received.

- **All documents (including tax returns) should be uploaded to the following secure site:**
- [https://setonhall.formstack.com/forms/financial\\_aid\\_office\\_document\\_submission](https://setonhall.formstack.com/forms/financial_aid_office_document_submission)

Student Name: \_\_\_\_\_ SHUID: \_\_\_\_\_ Last 4-digits of SS# \_\_\_\_\_  
 (Please print) Last First MI

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

**COLLEGES OR UNIVERSITIES ATTENDED**

Please list all institutions you attended during the past four academic years (2022-2023, 2023 -2024, 2024 – 2025 and 2025 - 2026). If you failed to earn credits during your attendance at any of the schools listed below, please provide, along with this completed form, a written explanation as well as any additional documentation that supports your failure to complete those academic credits or your reason for withdrawal. An academic transcript for the schools listed below **may** be required.

Name of College/University	Dates of Attendance

**CERTIFICATION AND SIGNATURES**

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p><input type="checkbox"/> Scan Only (No Update)</p> <p><input type="checkbox"/> Attach to _____</p> <p><input type="checkbox"/> Update Status to _____</p>
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