

## Office of Financial Aid

Macon Campus: 3300 Macon Tech Drive Macon, GA 31206 Ph: 478-757-3422

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Warner Robins Campus: 80 Cohen Walker Drive Warner Robins, GA 31088 Ph: 478-988-6871

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**Unusual Enrollment History Verification** 

Form: **UEHV20**Aid Year: 2019-2020

Email: finaid@centralgatech.edu

Please <i>Type</i> or <i>Print</i> clearly.						
<b>Student Information</b>						
Last Name		First Name		Middle Initial		
Social Security Number		Student ID Number		Date of Birth		
The Office of Financial Airegarding an unusual enrol submitted to our office to a review the information your recommend that you submitted.	llment history duri assist in the detern u have provided an	ng your post-se nination of your nd may request	condary education. Federal Financial additional documer	The informal Aid eligibile in the contraction if new transfer in the contraction if new transfer in the contraction in the cont	mation belo lity. Our off ecessary. W	ow must be lice will then e
ENROLLMENT INFO	RMATION					
Please visit the <b>National</b> the following chart. You information for the <b>2015</b>	ou will need you	r FSA ID and	password in orde	r to acces	•	rmation. List
Name of School Attended	Location of School (City, State)	Attendance (To-From) – (MM/YYYY)	(Full-Time, Half-time, Less than Half – Time)	Credit Hours Earned	Pell Grant or Loan (Y\N)	Transcripts Received by CGTC (Y/N)
If you haven't submitted institutions for which yo submitted to the Financia	u have received F	inancial Aid; a	n Official College	<b>Franscript</b>		
If you failed to earn academic	credit at any school l	isted above, please	explain why: (attach sig	ned statement)		
I certify that all information re WARNING: If you purposely give	•	•		ntenced to jail, o	r both.	
Student Signature:				Date:		
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