John A. Logan College
700 Logan College Drive
Carterville, IL 62918
Phone 618-985-3741 Fax 618-985-4116

JALC

2026-2027
Unusual Enrollment History

The U.S. Department of Education has selected your **2026-2027** Free Application for Federal Student Aid (FAFSA) for review due to your unusual enrollment history. An unusual enrollment history is defined as having attended and received Pell Grant funds from multiple colleges/universities during the review period of **2022-2023, 2023-2024, 2024-2025 and 2025-2026.** To process your financial assistance, John A. Logan College is required to review your enrollment history and determine whether you are eligible to receive federal student aid. During this process, the Office of Financial Aid will review the National Student Loan Data System (NSLDS) for a complete history of the Federal Pell grants you have received. You can view the history of your Federal Pell grants at studentaid.gov or request of copy from the Financial Aid Office.

***Section A*: Student Information**

Last Name First Name Middle Name Birth Date SSN/Student ID

Street Address City State Zip Code

Home Phone and/or Cell Phone (include area code)

***Section B*: Colleges or Universities Attended**

Please list all institutions attended during the academic period of **2022-2023, 2023-2024, 2024-2025 and 2025-2026**. Attach an **official or unofficial transcript(s)** from each institution.

Name of School	Dates of Attendance	Transcripts

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Please explain why you have attended the colleges/universities you have within the past four academic years._____

Please explain any failing grades and/or withdrawals on each transcript.

I certify that the information I have provided is accurate to the best of my knowledge. I understand that this form, my written explanation, the documentation submitted, and the results of this process will become part of my educational record at John A. Logan College.

Student's signature: _____ Date:_____

Print Name: _____ Student ID# _____

Office use only:
Financial Aid Office: Approve Deny

Financial Aid Office Signature: _____**Date:** _____