2020-2021 Unusual Enrollment History Form

Spouse's Signature (Optional)



ECU Financial Aid Office 1100 E. 14th Street PMB Box A-8 Ada, OK 74820-6999 Phone: 580-559-5243 Fax: 580-559-5638 financialaid@ecok.edu

		ECU ID:	ımber:	
Date of Birth:		Phone Nu	ımber:	
Vour 2020–2021 Free Application for Federal			Phone Number:	
the U.S. Department of Education because y review period 2016-17, 2017-18, 2018-19 are enrollment history and determine whether o aid.	ou received Federal Pell G nd 2019-20. This flag requ	rant funds at n ires East Centra	al University (ECU) to review your	
In the process of reviewing your enrollment obtain a complete history including the name				
If you have questions, contact us promptly s (ecok.edu/administration/student-developme		ill not be delay	ed.	
Colleges or Universities A	Attended:	nCs Incon	ne Inf	
if you have not already done so. Also, for ea that college. Attach any additional document reason for withdrawal. Please make sure to i	ich college listed, attach a tation (i.e., medical bills, h include your ECU Student considered until you su	separate explains ospitalization respitalization respins the toperation that the toperation is consisted as a second consisted as a	for each of the prior schools listed excluding ECU, nation if you failed to earn any academic credit at ecords, accident reports, etc.) that supports your of each page or document you submit. Your mpleted form and all required documentation of college or university column".	
Dates of Attendance	Name of College or	University	Types of aid received (e.g. Pell Grant, Loan, etc.)	
Fall 2016				
Spring 2017				
Summer 2017				
Fall 2017				
Spring 2018				
Summer 2018				
Fall 2018				
Spring 2019				
Summer 2019				
Fall 2019				
Spring 2020				
Summer 2020				
Certification/Signature: By signing this form I certify that the information of the certify that the information of the certification				
false or misleading information on this	worksneet, may lead to	illies, jali, oi	boti.	

Date