ILLINOIS VALLEY
COMMUNITY COLLEGE
Financial Aid Office
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Telephone: 815-224-0438
Fax: 815-224-0638

For Office Use Only:
Approved by: _____

2020-2021 ENROLLMENT HISTORY VERIFICATION

Student Name (print): _____ **ID# (Not K#) or SSN:** _____

The U.S. Department of Education has indicated that you have attended multiple postsecondary institutions within the past four years. In order to continue the processing of your financial aid you must provide the information listed below and request official academic transcripts from each prior college to be sent to the Admissions and Records Office at IVCC.

Please list all prior colleges/universities attended since July 1, 2016:

1) Name of College/University: _____ **Dates Attended:** _____ to _____

Number of Credit Hours Earned (grades of A, B, C, D, or P): _____   Date Transcript Sent to IVCC: _____

If no credit hours were earned, please provide an explanation and supporting documentation if applicable (i.e., proof of illness, family emergency, change in where student was living, and/or military obligations):

_____

_____

Reason for Leaving/Transfer: _____

2) Name of College/University: _____ **Dates Attended:** _____ to _____

Number of Credit Hours Earned (grades of A, B, C, D, or P): _____   Date Transcript Sent to IVCC: _____

If no credit hours were earned, please provide an explanation and supporting documentation if applicable (i.e., proof of illness, family emergency, change in where student was living, and/or military obligations):

_____

_____

Reason for Leaving/Transfer: _____

3) Name of College/University: _____ **Dates Attended:** _____ to _____

Number of Credit Hours Earned (grades of A, B, C, D, or P): _____   Date Transcript Sent to IVCC: _____

If no credit hours were earned, please provide an explanation and supporting documentation if applicable (i.e., proof of illness, family emergency, change in where student was living, and/or military obligations):

_____

_____

Reason for Leaving/Transfer: _____

List additional Colleges attended on the back of this form.

Student Certification: To the best of my knowledge the information provided is true and accurate. I understand that I will not be awarded any financial aid until all academic transcripts from the above colleges/universities have been received. Based on IVCC's Financial Aid Standards of Progress Policy, I understand that poor prior academic performance may result in being placed on "Suspend" status. If this occurs, I will be sent a notification with information on how to appeal. I understand that providing false or inaccurate information could result in the elimination of my financial aid at IVCC.

Student Signature: _____ **Date:** _____