If you need assistance completing this form, please contact us at 817-272-3561.



University of Texas at Arlington Office of Financial Aid

Office Use Only	

2021-2022 Unusual Enrollment Review

Office: Univ Admin Bldg, Room 252 Phone: 817-272-3561 Fax: 817-272-3555

Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu
PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA_EMAIL

Student's Name:			UTA ID:	
four award years. As a result, your FAFSA wayour FAFSA, we must review the academic trattended between August 2017 and May 2020 Please list below all of the higher education i	as flagged by the U ranscripts (may be 21. institutions you att	J.S. Department unofficial) from tended between	ed financial aid at multiple institutions over the last of Education for review. Before we can process all of the higher education institutions you August 2017 and May 2021. Indicate by each if Office or if you will be attaching the transcript to	
Higher Education Institution Attended	Dates Attended Month/Year to Month/Year		Academic Transcript (may be unofficial)	
Attenueu	Wionthy real to	y worth, real	☐ Submitted to UTA Admissions Office ☐ Attached to this form	
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			☐ Submitted to UTA Admissions Office ☐ Attached to this form	
	Certificatio	n and Signature		
= -	_	•	ted on this form is complete and accurate. The ured signatures in lieu of hand-written signatures	
Student's Signature (Required)			Date	
WARNING: If you purposely give for	alse or misleadin	g information,	you may be fined, sent to prison, or both.	