2020-2021	UNUSUAL E	ENROLLMENT – STUD	DENT
RETURN TO: CAL POLY	Student Last Name:		
FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201	Student First Name:		
FAX: (805) 756-7243 EMAIL: financialaid@calpoly.edu (Sensitive data should be encrypted.)	Phone #: EMPL ID#:		
IMPORTANT: Submit as soon as possibilitied and reviewed. Once all item complete file to be reviewed. If awards submitted no later than June 30, 2020 that circumstances, documents must be senrollment at Cal Poly.	ns are submitted, a ed FWS or SEOG o avoid potential	allow 3-6 weeks for your r, documents must be cancelation of those funds. In	For Office Use Only
Based upon data provided by the National Student Loan Data System (NSLDS), you are required to provide information about your prior academic enrollment history pefore your financial aid eligibility can be determined and funds can be disbursed.  Initials			
<u>List all prior post-secondary schools yeach institution:</u>	ou have attended	l, your reason for attendance, a	and the dates you attended
Other Post-Secondary Schools Attended		Reason	Dates of Attendance
<b>SIGN and DATE:</b> I certify that all information reported on th False statements or misrepresentation will	=	<del>-</del>	
Student Signature (Required. No electroni	c signature.)	Date	