2025-2026 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

aba,			
Name:		ECU ID:	
Date of Birth:		Phone Number:	
Your 2025–2026 Free Application for Federal the U.S. Department of Education because y review period 2021-22, 2022-23, 2023-24 ar enrollment history and determine whether or aid.	ou received Federal Pel nd 2024-25. This flag re	l Grant funds at r equires East Centr	multiple education institutions during the ral 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 so (ecok.edu/administration/student-developme		l will not be delay	red.
Colleges or Universities A	Attended:		
that college. Attach any additional document reason for withdrawal. Please make sure to i	ration (i.e., medical bills include your ECU Stude considered until you	, hospitalization r nt ID# at the top submit this co	anation if you failed to earn any academic credit at records, 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 2021			
Spring 2022			
Summer 2022			
Fall 2022			
Spring 2023			
Summer 2023			
Fall 2023			
Spring 2024			
Summer 2024			
Fall 2024			
Spring 2025			
Summer 2025			
Certification/Signature: By signing this form I certify that the information on this			
Student Signature	Date		

Date