

Office of Financial Aid

Doberstein Admissions Center 320 N Dupont Highway New Castle, DE 19720

Fax: (302) 328-8905 Email: Finaid@wilmu.edu

2024-2025 Enrollment History Review Form

			W00		
Last Name	First	M.I.		Student I.D.	
Address	City	State	Zip code	Phone Number	
enrollment history is de Parent PLUS loans funds 2023-2024. Before prod determine whether or n reviewing your enrollme complete history of the	Education has selected your file fined by having attended and rest from multiple colleges/univers ressing your federal aid request ot you are enrolling only long each history, the Financial Aid Offederal Pell grants and loans your University has not received	eceived Federal Pell sities during the revi , Wilmington Univer enough to receive ca fice will check the N ou've received and w	Grant and/or Fede ew period of: 202 sity is required to sh refunds of fede ational Student Lo vill notify the Office	eral Stafford, Gradua 20-2021, 2021-2022, review your enrollm eral student aid. In th an Data System (NSL ce of Admissions of a	te PLUS, or 2022-2023 and ent history and se process of DS) for a any colleges you
B. Colleges or Univers	ities Attended:				
	s (including WilmU) attended of lease attach an official acaden ISSIONS.	-			
lame of College or Unive	rsity On File @ WU?	Dates Attended	Pell Grant received?	Stafford or PLUS Loan received?	*Did you earn credit(s)?
			Yes □ No □	Yes No No	Yes No No
			Yes □ No □	Yes No No	Yes No No
			Yes No C	Yes No No	Yes No No
			Yes No] Yes No	Yes No
			Yes No	Yes No No	Yes No No
attach an explanation f hospitalization records financial aid will not be C. Certification and S Each person signing bel whose information was	y academic credits at a college for your failure to earn credits , accident reports, military tra considered until you submit to Signatures ow certifies that the informatic reported on the FAFSA must solso sign this form. Warning: If	along with any add nsfer etc.) that sup this completed form on reported and sul	litional documen ports your explar n and all required omitted on it is co u were required to	tation (i.e. medical I nation. Your applica d documentation to omplete and correct. o provide parent info	tion for our office. The student ormation, at
be sentenced to jail, or Student's Signature	both. Date		t Student's Parent's	s Signature Dat	