115 South Street * Middletown, NY 10940 * phone (845)341-4190 * fax (845)341-4194 1 Washington Center * Newburgh, NY 12550 * phone (845) 562-2454 * fax (845) 220-4062 www.sunyorange.edu

Per Federal Guidelines, SUNY FAFSA application.	Orange is required to re	eview your enrollment history	ory based on the	results of your	
tudent Name		Student II	Student ID# A		
listed. * If you attended multiplisting all schools you * You MUST attach an * Your file will not be r * If you fail to report a	ple schools during the in attended. academic transcript fro reviewed until all transc	for each school you attend ndicated time frame, attach om each school you have at cripts are received with this ed during the indicated time tt SUNY Orange.	a separate piece ttended. s form.	of paper	
Name of School	ls (s)	Year Attended	Academic Credits Earned?		
		2010 - 2011	☐ Yes	□No	
		2011 - 2012	☐ Yes	□ No	
		2012 - 2013	☐ Yes	□No	
Section #2 - Extenuating Circums If you have extenuating circums below. You MUST include this Death of an immediate family death certificate) Documented hospitalization decision, written on official	stances that prohibited yed party documentation by member (must include or illness of self, child	to substantiate your claim. de the relationship of family or parent (must include da	y member to the	student, copy of	
☐ Military Obligations (must in	nclude documentation t	from commanding officer)			
☐ Victim of a crime or unexpe	cted disaster (must incl	ude copy of police report,	third party letters	s, etc.)	
☐ Other (must include appropr	riate documentation)				
I certify that the information rep documentation to the Financial		rue and correct. If requeste	d, I agree to prov	vide additional	
Student Signature			Date		