



## 2019-2020 COVID-19 Related Documentation Support Form Student Financial Aid

Complete this form to document how Coronavirus (COVID-19) has impacted your ability to participate in academic and college-related activities.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

College: \_\_\_\_\_ EMPL ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Provide specific details on how you are impacted by COVID-19. You may attach additional supporting documentation, if applicable.

### *Example Scenarios*

- A student was enrolled or was supposed to begin a travel-abroad experience and either the student has been called back to the U.S. or was never able to begin the travel abroad experience;
- A student was enrolled in a program and met the requirements for full-time enrollment; however, due to the COVID-19, one or more classes – such as an internship, a clinical rotation, student teaching or fieldwork – has lowered the credit enrollment for term
- A student is quarantined and misses class or a student is incapacitated due to COVID-19 illness;
- A campus temporarily stops offering ground-based classes in order to prevent the spread of COVID-19.

# Student Personal Statement

Additional documentation attached:

**Disclaimer and Signature**

*I certify that the information reported on this form is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information, I could be fined, jailed or both.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_