



STUDENT INFORMATION

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Last Name	First Name	M.I.	Student ID#
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I am requesting to reinstate financial aid for the following semester:

Fall 2024

Spring 2025

Summer 2025

I have attended another institution(s) during this academic year:

Yes

No

If **YES**, give the name of the institution(s) and semester/quarter attended:

1. \_\_\_\_\_ Semester/Quarter Attended: \_\_\_\_\_

2. \_\_\_\_\_ Semester/Quarter Attended: \_\_\_\_\_

**NOTE:** If you have attended another institution(s) and were awarded financial aid, you must decline financial aid prior to requesting reinstatement at American River College. If you were disbursed aid at the other institution(s) for the term you want to reinstate, you must repay 100% of the aid disbursed prior to requesting reinstatement at American River College.

**Additionally, please attach proof of declined financial aid verification from the other institution(s) when submitting this form.**

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