

RETURN TO FINANCIAL AID OFFICE:

2026-2027

REINSTATEMENT OF FINANCIAL AID



(FAMA72) (FCMA72) (FFMA72) (FSMA72)

STUDENT INFORMATION

Last Name First Name M.I. Student ID#

I am requesting reinstatement of financial Aid for the following semester:

Fall 2026 Spring 2027 Summer 2027

I understand that Satisfactory Academic Progress (SAP) will be reviewed to determine further financial aid eligibility. Student initial: _____

Please check ONE box below:

- I have NOT attended another institution during this academic year (Fall 26/Spring 27/Summer 27).
- I attended another institution during this academic year (Fall 26/Spring 27/Summer 27).

Name of institution(s) attended: _____

NOTE: You can only receive aid from one school at a time per semester in a given academic year. If you have attended another institution and received financial aid at that institution, you must decline financial aid at the other institution(s) prior to being reinstated at your Home College. **Please attach confirmation of the cancelled award from the other institution to our office when submitting this request (if applicable).**

Signature: _____ Date: _____

OFFICE USE ONLY		
<input type="checkbox"/> Reinstatement Approved	<input type="checkbox"/> COD Verified	<input type="checkbox"/> Checklist Updated
<input type="checkbox"/> Reinstatement Denied	<input type="checkbox"/> Added Prior % Used	<input type="checkbox"/> Comments Posted
FAO: _____	Date: _____	