

RETURN TO FINANCIAL AID OFFICE:**2025-2026****REINSTATEMENT OF FINANCIAL AID**

(FALA72) (FCLA72) (FFLA72) (FSLA72)

STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID#
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I am requesting reinstatement of financial Aid for the following semester:

Fall 2025 Spring 2026 Summer 2026

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 25/Spring 26/Summer 26).
 I **attended** another institution during this academic year (Fall 25/Spring 26/Summer 26).

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: _____