

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#

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

☐ Reinstatement Approved

☐ COD Verified

☐ Checklist Updated

☐ Reinstatement Denied

☐ Added Prior % Used

☐ Comments Posted

FAO: \_\_\_\_\_ Date: \_\_\_\_\_