****

**Request for Financial aid Reinstatement**

Due to making satisfactory acadmic progress (SAP)

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429-3011

Phone: 903.886.5096 Fax: 903.886.5098

FAO.Appeals@tamuc.edu

Office Use Only

REINFA

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAMPUS WIDE ID (CWID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **ACADEMIC INFORMATION:**

Freshman: \_\_\_\_ Sophomore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_ Graduate: \_\_\_\_ Other: \_\_\_\_\_

1. **I request my SAP be reviewed for the following term(s)**

Summer (I) 2020:\_\_\_\_\_\_ Summer (II) 2020:\_\_\_\_\_\_\_\_ Fall 2020: \_\_\_\_\_\_\_\_ Spring 2021:\_\_\_\_\_\_\_\_\_

**C. In order to meet the requirements for reinstatement, I have fulfilled ALL of the following component(s) of SAP.**

**Initial: \_\_\_\_\_\_**

1. I enrolled in at least half-time (6 credit hours) for one semester at TAMUC **and** completed a minimum of 67% of all attempted hours.

**Initial: \_\_\_\_\_\_**

1. Paid **all** expenses related to my enrollment and **do not have a remaining due balance for the term** at the time of submission for review.

**Initial: \_\_\_\_\_\_**

1. Obtained the appropriate **end of semester/term** GPA for my class level, and

**Initial: \_\_\_\_\_\_**

1. Meet the minimum **institutional cumulative** GPA for my class level

**Undergraduate students must have an end of semester GPA and institutional GPA of a minimum 2.0.**

**Graduate students must have an end of semester GPA and institutional cumulative GPA of a minimum 3.0.**

**Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF ACKNOWLEDGEMENT**

I understand I must meet all minimum requirements for reinstatement in order to be approved. If I have exhausted all appeal options and do not qualify for reinstatement, I will need to repeat the reinstatement process until eligible. I understand that student financial aid cannot be applied to a previous semester in which I did not qualify for federal or state aid. **I fully understand that I will not be refunded for funds used for the reinstatement period.**

Signature:

Date: