SATISFACTORY ACADEMIC PROGRESS APPLICATION FOR REINSTATEMENT

student Name SID#
am requesting reinstatement forquarter.
To apply for reinstatement of your financial aid, you must check one of the following boxes and submit this ompleted, signed form to the Financial Aid office by the 1st day of the quarter. An application for reinstatement loes not guarantee approval. You are responsible for paying charges incurred if you enroll while on financial aid uspension. If approved, financial aid will be awarded based on funds available at the time. Financial aid cannot einstate aid for terms already completed.
ncomplete or incorrect applications, including those submitted without adequate documentation, will be automatically denied.
Check only those that apply.
☐ I) Failure Due To Special Circumstances
Check this box if you believe your failure to meet the Satisfactory Academic Progress requirements was due to special ircumstances.
. You must provide documentation to corroborate the circumstances described in your application for reinstatement.
Examples of supporting documentation include, but are not limited to:
 a. Copies of medical documentation with dates of diagnosis/treatment. Include a signed statement from a medical provider verifying you are healthy enough to return to your studies.
b. Copy of death certificate or obituary for an immediate family member.
c. Copy of police report with date of incident.
d. Copy of contract or appointment scheduled with Disability Services, the Student Medical and Counseling Clinic, or Academic Advising.
e. GRADUATE STUDENTS: If your suspension is due to GPA, your application must include a letter signed by the Dean of Graduate Studies confirming you can continue in the program. You can receive one quarter of probation.
. You must provide documentation to confirm the circumstances have been resolved.
☐ II) Suspension Due To Exceeding Lifetime Credit Limits
Check this box if you are requesting an extension of the Federal lifetime credit limit. You must provide a degree completion lan that lists the courses needed with the anticipated term to complete your degree. Skip III, sign and date.

The application for reinstatement continues on the next page.

Check this box if you have attended without aid for at least one quarter and now meet the minimum financial aid eligibility

III) Reinstatement After Regaining Eligibility

requirements outlined in the current SAP Policy. Skip questions 1 - 4, sign and date.

You must answer all of the following questions with the appropriate amount of detail and provide your ink signature for your application for reinstatement to be reviewed.		
1. What caused you to fail the SAP requirements? Remember to attach your documentation to this application.		
2. How did the situation directly impact your ability to be academically successful?		

3. What is the current status of the situation? Remember to attach documentation demonstrating resolution of this issue.		
4. How are you ready to be successful going forward?		
Written Signature	Date	