



# Office of Financial Aid

Central Washington University

## SATISFACTORY ACADEMIC PROGRESS APPLICATION FOR REINSTATEMENT

Student Name \_\_\_\_\_

SID# \_\_\_\_\_

I am requesting reinstatement for \_\_\_\_\_ quarter.

**To petition your financial aid suspension you must check one of the following and submit this form to the Financial Aid office by the 1st day of the quarter.** An application for reinstatement does not guarantee approval and you are responsible for paying charges incurred if you enroll while on financial aid suspension. If approved, financial aid will be awarded based on funds available at the time. Financial aid cannot reinstate aid for terms already completed.

**Incomplete or incorrect applications and those submitted without adequate documentation will be automatically denied.**

**Check only those that apply.**

**I) Reinstatement After Regaining Eligibility**

Check this box if you meet the Financial Aid Satisfactory Academic Progress Policy requirements. Skip II & III, sign and date.

**II) Suspension Due To Exceeding Lifetime Credits**

Check this box if you are requesting an extension of the Federal lifetime credit limit. You must provide a degree completion plan that lists the courses needed with the anticipated term to complete your degree. Skip III, sign and date.

**III) Failure Due To Special Circumstances**

Check this box if you believe your failure to meet the Satisfactory Academic Progress requirements was due to special circumstances.

**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.

*If you failed to make satisfactory progress due to personal medical reasons, we will also need 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 the Center for Disability Services, Student Health and Counseling Clinic or Academic Advising

Application for reinstatement continues on the next page.

**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?**

**2. How did the situation directly impact your ability to be academically successful?**

**3. What is the current status of the situation?**

**4. How are you ready to be successful going forward?**

Written Signature \_\_\_\_\_

Date \_\_\_\_\_