



**REQUEST FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY**

This student has written a statement (see reverse) to the Financial Aid Office requesting that he/she be reinstated for financial aid eligibility. He/she is not currently eligible because:

\_\_\_\_\_ GPA rule

\_\_\_\_\_ 67% rule

\_\_\_\_\_ 150% rule

**RECOMMENDATION:**

\_\_\_\_\_ I recommend that the student be reinstated for financial aid eligibility under the following circumstances.

\_\_\_\_\_ The student must complete all credit hours attempted during subsequent semesters until he/she is making satisfactory academic progress.

\_\_\_\_\_ The student must maintain a cumulative GPA of 2.0 at the end of the semester stated above.

\_\_\_\_\_ The student must obtain a semester GPA of 2.5 by the end of the semester stated above.

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I recommend that the student's request for reinstatement be denied.

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Enrollment

\_\_\_\_\_

\_\_\_\_\_ Updated Database

\_\_\_\_\_ Letter to Student