



**REQUEST FOR FINANCIAL AID REINSTATEMENT**

DUE TO MAKING SATISFACTORY ACADEMIC PROGRESS (SAP)  
Office of Financial Aid and Scholarships  
P.O. Box 3011 Commerce, Texas 75429-3011  
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Office Use Only  
REINFA

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

**A. ACADEMIC INFORMATION:**

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

**B. 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: \_\_\_\_\_

- 2. 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: \_\_\_\_\_

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

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

- 4. 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: \_\_\_\_\_