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:________________________________________________________________________

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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:_____________________________________________________________________________