REQUEST FOR FINANCIAL AID REINSTATEMENT
DUE TO MAKING SATISFACTORY ACADEMIC PROGRESS (SAP)
Office of Financial Aid and Scholarships
ONE STOP SHOP *
P.O. Box 3011 Commerce, Texas 75429-3011

NAME: __________________________ CAMPUS WIDE ID (CWID): ____________

A. ACADEMIC INFORMATION:

Freshman: ____ Sophomore: ____ Junior: ____ Senior: ____ Graduate: ____ Other: ____

B. I request my SAP be reviewed for the following terms (s)

Fall (yr): _______ Spring (yr): _______ Summer I (yr): _______ Summer II (yr): _______

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 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: ________________________________________________