Financial Aid Reinstatement Form

Office of Scholarships and Financial Aid
7400 Bay Road
University Center, MI 48710
(989) 964-4103 * FAX: (989) 964-4291
financial-aid@svsu.edu * *www.svsu.edu/financialaid*

LAST NAME	FIRST NAME	INT.
MAILING ADDRESS	CITY	STATE ZIP

S.S. #	I.D. #	TELEPHONE #

This form is used to request the reinstatement of financial aid eligibility that was removed due to the failure to maintain Satisfactory Academic Progress. Saginaw Valley State University's Satisfactory Academic Progress Policy for financial aid can be found at www.svsu.edu/financialaid. Applications for reinstatement must be received in the Office of Scholarships and Financial Aid by the last date of the Late Registration and Schedule Adjustment period for the semester in which the reinstatement is requested. Registration schedules, including dates for Late Registration and Schedule Adjustment, are available at www.svsu.edu.

Please give a detailed explanation of your request for reinstatement of financial aid at Saginaw Valley State University. You must explain your failure to meet the Satisfactory Academic Progress requirements and what has changed to allow you to regain your financial aid. It is important to submit any documentation that will support your request. Typed explanations or additional pages, if needed, may be attached and submitted with this form.

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_____ _____

Student Signature Date

SVSU FINANCIAL AID OFFICE USE ONLY

Deficit Credits: _____ Year: _____

GPA: _____

Cummulative Credits: _____

Comments:

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Approved: _____ Denied: _____

Semester Effective:

_____

Authorized By:

_____ _____

Signature Date