



Financial Aid Reinstatement Form

Scholarships and Financial Aid
7400 Bay Road, University Center, MI 48710
Phone: (989) 964-4900 Fax: (989) 964-2492
Email: cfsc@svsu.edu

LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS		CITY	STATE	ZIP
SVSU ID# or SS#		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/sap. Applications for reinstatement must be received in the Campus Financial Services Center/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.

Student Signature _____

Date _____

SVSU FINANCIAL AID OFFICE USE ONLY

Deficit Credits: _____ Year: _____	Approved: _____ Denied: _____
GPA: _____	Semester Effective: _____
Cumulative Credits: _____	Authorized By: _____
Comments: _____	Signature _____ Date _____