

Financial Aid Reinstatement Form

Academic Year 2025-2026 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 INTIAL
MAILING ADDRESS	CITY	STATE ZIP
SVSU ID# or SS#	TELEPHONE#	
This form is used to request the reinstatement of financial aid eliq Academic Progress. Saginaw Valley State University's Satisfactowww.svsu.edu/sap. Applications for reinstatement must be received and Financial Aid by the last date of the Late Registration and So is requested. Registration schedules, including dates for Late Replease give a detailed explanation of your request for reinstatem explain your failure to meet the Satisfactory Academic Progress of financial aid. It is important to submit any documentation that will needed, may be attached and submitted with this form.	ory Academic Progress Policy for fored in the Campus Financial Servichedule Adjustment period for the egistration and Schedule Adjustment of financial aid at Saginaw Valrequirements and what has chang	financial aid can be found at ices Center/Office of Scholarships semester in which the reinstatement ent, are available at www.svsu.edu . Iley State University. You must ged to allow you to regain your
Student Signature	Date	
SVSU FINANCIAL	AID OFFICE USE ONLY	
Deficit Credits: Year:	Approved:	Denied:
GPA:	Semester Effective:	
Cumulative Credits:		
Comments:	Authorized By:	
	Signature	 Date