



Request for Review for Reinstatement of Financial Aid

- I would like to request a review for the reinstatement of my financial aid eligibility for the _____ *(Term)* _____ *(Year)*
- I have completed a minimum of six (6) credits in residence successfully without financial aid and have made positive progress towards my degree completion
- I have elected not to complete a Satisfactory Academic Progress Appeal for mitigating circumstances
- I have completed or will complete my Free Application for Federal Student Aid (FAFSA) for the 2007-08 academic year
- I understand that submission of this form does not guarantee reinstatement of financial aid eligibility

All requests will be reviewed and students will receive a response in writing. The request for reinstatement may be mailed to the Office of Financial Aid or students can make an appointment to meet with a financial aid counselor.

Signature

Date

Printed Name

UMID

Date Received	Decision Made	OFA Initials