



REQUEST FOR REINSTATEMENT TO AID

ACADEMIC YEAR _____

Student Name _____ **ECC ID Number** _____ **Date** _____

Submit this request for reinstatement to the Financial Aid Office, Room 3220.

To request reinstatement to aid, you must have met all of the requirements for reinstatement as indicated below:

- You earn a minimum of 6 credits; **and**
- You earned a 2.0 or better semester GPA in all the courses taken during the semester/term; **and**
- You **did not** earn any of the following grades in any course taken during that semester/term: F, I, W, N, and you did not receive a No Show grade (NS) in any of the courses taken during the semester/term; **and**
- **You paid for those courses from your own resources.**

Note: If you've met all the standards listed above, you may submit a Request for Reinstatement to aid.

Conditions for Reinstatement

If you are reinstated:

- **You will be awarded for one semester/term**
- You must earn a semester GPA of 2.0 or better
- You **may not** earn any of the following grades: **F, I, W, N** or **No Show** in any courses
- You must maintain the standards of your Academic Plan; or
- You must meet the minimum standards of the SAP Policy established at ECC.

NOTE: Failure to meet these requirements means you will not be eligible for aid at ECC and you will have exhausted all appeals for satisfactory academic progress at ECC.

CERTIFICATION STATEMENT:

I certify that I understand the conditions of my request for reinstatement and understand that if I do not meet the standards outlined or if I have reach the maximum time-frame for my major, I will no longer be eligible for aid at ECC.

Student _____ **Date:** _____

OFFICE USE ONLY: **APPROVED** **DENIED**

COMMENTS: _____

FAO Signature _____ **Date:** _____