

SC Southeast community college
2011-2012 Request for Reinstatement of Financial Aid

Student Name: _____ Student ID/SSN: _____

Address: _____ City, State Zip _____

**Request for reinstatement will be granted, provided
you have met ALL of the following requirements:**

1. You have passed **9** or more credit hours since your notice of Financial Aid Suspension.
(This does not include non-credit courses for which aid cannot be paid, i.e. BNA classes.)
2. Have passed more than **two-thirds (66.7%)** of all credit hours attempted during the last quarter of enrollment if enrolled in more than 9 hours. (If enrolled in only 9 hours must complete 100% of classes enrolled.)
3. You have achieved a term grade point average of **2.5** or higher.
4. Complete NavPoint Financial Literacy Counseling at <https://www.mynavpoint.com/scc>
5. Obtain a signature from an advisor that classes completed are within your program of study.

Having met all of five of the requirements listed above, I hereby request reinstatement of my financial aid for the _____ Quarter.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

PLEASE RETURN THIS FORM ALONG WITH REQUIRED DOCUMENTATION TO THE FINANCIAL AID OFFICE

OFFICE USE ONLY

Aid reinstated for the _____ Quarter.

By: _____ Date: _____