



Office Use Only  
REINFA

**REQUEST FOR FINANCIAL AID REINSTATEMENT**  
DUE TO MAKING SATISFACTORY ACADEMIC PROGRESS (SAP)  
Office of Financial Aid and Scholarships  
One Stop Shop \* PO Box 3011 Commerce, Texas 75429-3011

NAME \_\_\_\_\_ CWID \_\_\_\_\_

**A. ACADEMIC INFORMATION:**

Freshman    Sophomore    Junior    Senior    Graduate    Other

**B. I request my SAP be reviewed for the following terms (s)**

Fall (yr): \_\_\_\_\_ Spring (yr): \_\_\_\_\_ Summer I (yr): \_\_\_\_\_ Summer II (yr): \_\_\_\_\_

**C. I have corrected the following component(s) of SAP:**

**A&M-Commerce cumulative grade point average is now the minimum requirement or greater.**

**Completed 67% or more of all A&M-Commerce attempted hours.**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHONE**

*OFAS USE ONLY*

**Approved:**  
**Subsidized Loan:** \_\_\_\_\_  
**Unsubsidized Loan:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**Denied:** \_\_\_\_\_  
**Reason for denial:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAA Initials:** \_\_\_\_\_ **DATE:** \_\_\_\_\_