

GAVILAN COLLEGE



Financial Aid Office
Telephone: (408) 848-4727

5055 Santa Teresa Blvd.
Fax: (408) 848-4752

Gilroy, CA 95020
www.gavilan.edu/finaid

2008 - 2009

Name: _____

Request for Reinstatement Form

Gavilan ID: _____

Financial Aid recipients are required to maintain the standards set forth in the Satisfactory Academic Progress (SAP) Policy in order to receive financial aid funds. If you submitted an Appeal and it was denied, you may be eligible to regain eligibility through the reinstatement process.

According to the SAP Policy, students with a denied appeal may regain financial aid eligibility by completing **one successful semester** without financial aid. A successful semester is defined as enrolling in at least six degree or program applicable units and completing all coursework with at least "C" grades and no Withdrawal ("W") grades, having a semester GPA of at least a 2.0, and developing/updating your Education Plan. If you have met the requirements for reinstatement, please complete this form and return it to the Financial Aid Office.

Please initial next to the reinstatement requirements which you have completed:

1. _____ I have completed at least six (6) degree or program applicable units with "C" grades or better and no Withdrawal (W") grades.
2. _____ I have a semester GPA of at least a 2.0.
3. _____ I have made an appointment with an academic counselor to develop/update an Education Plan, which includes my major at Gavilan College, the classes needed for my major, and my graduation/end date.
4. _____ I have attached an updated Education Plan.

Student Signature: _____

Date: _____

For Office Use Only: Please forward to FA director.

Approved: _____

Denied: _____

Pending: _____

Date: _____

Date: _____

Date: _____

Recommendations/Comments:

Financial Aid Director Signature: _____

Date: _____