

**SC Southeast community college**  
2009-10 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. Have passed more than two-thirds (66.7%) of all credits attempted as of Census Day during the last quarter of enrollment.
2. You have passed six or more credit hours since your notice of Financial Aid Termination. (This does not include non-credit courses for which aid cannot be paid, i.e. BNA classes.)
3. You have achieved a cumulative grade point average (CGPA) of 2.0 or higher.

**Having met all of three of the requirements listed above, I hereby request reinstatement  
of my financial aid for the \_\_\_\_\_ Quarter.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FROM TO THE FINANCIAL AID OFFICE**


**OFFICE USE ONLY**

Aid reinstated for the \_\_\_\_\_ Quarter.

By: \_\_\_\_\_ Date: \_\_\_\_\_

