

OFFICE OF STUDENT FINANCIAL AID 9501 SOUTH KING DRIVE – ADM 207 CHICAGO, ILLINOIS 60628-1598 TELEPHONE: (773) 995-2304

FAX: (773) 995-3574 E-MAIL: csu-finaid@csu.edu

APPEAL FOR REINSTATEMENT OF FINANCIAL AID ELIGIBILITY

Student, please indicate the semester and year you are petitioning for reinstatement.					
(Please ✓ only one box and indicate the ☐ Fall	e year): □ Spring	☐ Summer	Υ€	ear 20	
NAME		CSU	J ID #		
TELEPHONE ()					
The Financial Aid Satisfactory Academic Progress (see reasonable rate toward the completion of their maintain continued financial aid/loan eligibility. P	educational ob	jectives. Studen	ts must be in c	ompliance with the SA	
All students, regardless of the program in which the	ney are enrolled	d, are required to	maintain a com	pletion rate of at least	67 %.
Students may receive financial aid for a maximum of Transfer hours from other institutions accepted by				_	
You are required to complete this appeal if this is	your second co	nsecutive term f	or not meeting S	AP.	
studies at a reasonable rate. Make your statement by your academic advisor to the Office of Student I progress status will be updated in CSU X-press. All Please Note: Appeals must be completed within 3 receipt of notice of cancelation, whichever is later while in pursuit of an undergraduate degree. The number of hours. Additionally, students who have to determine financial aid eligibility.	Financial Aid. Or decisions reacher of days after the students are I along the students of de	nce all document ed by the Comm e start of the ser imited to 30 created evelopmental course	ation has been r ittee are FINAL. nester for which dit hours of deve urse work allowe	the appeal is requester clopmental course work d will NOT be counted	d or 30 days after the attempted or earned in the 180 maximum
(u		if additional spa Date		, 20	
DO NOT WRITE BELOW THIS LINE - For Office Use Only					
SAP ACTION TAKEN: APPROVED DENIED	Ter	RM OF FA REINSTATER	MENT: FALL	SPRING SUMMER	Year:
FA Rep(Signature)		(Print Name)			Date:
Previous Term Review :	urs/	Attempted Hours	Ple	ase indicate total hours if	over 180
Term Fall Spring	SUMMER	YEAR:		GPA:	
Office of the Financial Aid Only Date SAP Received:	Received By:	: Date	Processed:	Processed by:	Date Student Notified:
Last semester enrolled: ☐ Fall ☐ Spring ☐ Sum	nmer Year			•	•
Comments:					