



STUDENT INFORMATION

\_\_\_\_\_  
Last Name First Name M.I. Student ID#

I am requesting reinstatement of financial Aid for the following semester:

- Fall 2024  Spring 2025  Summer 2025

Please check ALL that apply:

- I withdrew from all courses in the prior semester(s) at FLC. I understand that Satisfactory Academic Progress (SAP) will be reviewed to determine further financial aid eligibility.
- I received financial aid and withdrew from all courses in the prior semester(s) before the last day to drop without a "W" on my FLC transcript. I understand that Satisfactory Academic Progress (SAP) will be reviewed to determine further financial aid eligibility.
- I received non-passing grades (EW, F, I, NC, NP, RD) for all courses in the prior semester(s) at FLC. I understand that Satisfactory Academic Progress (SAP) will be reviewed to determine further financial aid eligibility.
- I declined Financial Aid at FLC during this academic year (Fall/Spring/Summer) and I am requesting reinstatement of my Financial Aid award. Please check only one box below:
- I have **NOT** attended another institution during this academic year (Fall/Spring/Summer).
- I **have attended** another institution during this academic year (Fall/Spring/Summer).

Name of institution attended: \_\_\_\_\_

**NOTE:** You can only receive aid from one school at a time per semester in a given academic year. If you have attended another institution and received financial aid at that institution, you must decline financial aid at the other institution(s) prior to be reinstated at Folsom Lake College. Please attach confirmation of canceled award from the other institution to our office when submitting this request (if applicable).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

- Reinstatement Approved  COD Verified  Checklist Updated  
 Reinstatement Denied  Added Prior % Used  Comments Posted

Comments: \_\_\_\_\_

FAO: \_\_\_\_\_ Date: \_\_\_\_\_