



STUDENT INFORMATION

Last Name First Name M.I. Student ID#

1. I am requesting to reinstate financial aid for the following semester(s) (required):

- Fall 2024 Spring 2025 Summer 2025

2. Fund Type(s) reinstating (required):

Reinstate **selected** fund(s)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Federal Work Study | <input type="checkbox"/> Pell Grant | <input type="checkbox"/> Cal Grant |
| <input type="checkbox"/> FSEOG | <input type="checkbox"/> CHAFEE | <input type="checkbox"/> SSCG |
| <input type="checkbox"/> Federal Direct Subsidized Loan | <input type="checkbox"/> Federal Direct Unsubsidized Loan | |
| <input type="checkbox"/> Other: _____ | Multiple Reporting Record (MRR) - Repaid the Other School | |

3. Reason/comments for request (required):

CERTIFICATION AND SIGNATURE

By signing this form:

If I was previously attending another school, I am confirming that I am no longer attending nor receiving aid for the semesters indicated above.

If I am requesting aid for the same semester in which I have already received funds from another college, I understand that I must repay all financial aid funds to the college before this form can be processed.

Student Signature: _____

Date: _____