



Financial Aid Reinstatement 2026-2027

Name _____ Student ID# _____

Email _____ Phone # _____

I request that my Satisfactory Academic Progress (SAP) be reviewed for the following term:

Spring **Summer** **Fall**

In order to meet the requirements for reinstatement, I have fulfilled **ALL** of the following components of SAP.

- I have completed at least 6 credit hours in courses required for my degree plan at PJC with at least a 2.0 and a 67% completion rate or higher during the term.
- I have paid all expenses related to my enrollment and do **NOT** have a remaining balance.

Statement of Acknowledgement

I understand I must meet all minimum requirements for reinstatement in order to be reconsidered for financial aid. I understand that financial aid cannot be applied to a previous semester in which I did not qualify for aid. I understand that I will remain on probation until my overall GPA is 2.0 or higher and my completion rate is 67% or higher. I understand that if I do not maintain SAP requirements I will be placed on financial aid suspension.

Student Signature

Date

PJC Financial Aid Office

Phone: 903-785-0429

Email: finaid@parisjc.edu