



Financial Aid Reinstatement 2025-2026

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.

Student Signature

Date

PJC Financial Aid Office

Phone: 903-785-0429

Email: finaid@parisjc.edu