

Financial Aid Reinstatement Form

This form is used to request the reinstatement of financial aid that was removed due to the failure to complete credits in a prior semester. Applications for reinstatement must be received in the Financial Aid Office prior to the last date to add/drop classes for the semester in which the reinstatement is requested.

Last Name	First Name	M.I.	CSI ID Number
Mailing Address	City	State	Zip
Date of Birth	Email Address	Phone Number (include area code)	

Use the form below to explain the reason for your failure to complete credits in the previous semester. Include what has changed that will allow you to be successful in the current and future semesters. Typed explanations or additional pages, if needed, can be attached and submitted with this form.

Please reinstate the following financial aid:

note* if you are requesting loan(s) to be reinstated you **must accompany this form along with a [Loan Request Form](#).*

- Pell Grant
 Subsidized Loan
 Unsubsidized Loan

I understand that I did not complete any credits in the previous term and may owe CSI a debt. **I authorize the CSI Financial Aid Office to take any previously owed aid out of my current semester financial aid.** I have set up a payment plan with Teresa O’Dell in the Business Office if my debt exceeds this amount or have already paid the amount owed in full. If you have questions about payment arrangements contact the Business Office at 208-732-6212.

 Signature Date