



FINANCIAL AID REINSTATEMENT REQUEST

Financial Aid Services, Building 14

Contact by Email: faid@tacomacc.edu

Phone: 253.566.5080 Fax: 253.460.2020

TO SUBMIT: Upload completed & saved form [HERE](#) -or- Drop off in payment drop box outside sliding doors of Building 14

Last Name, First, MI _____			Previous Name (if applicable) _____		
Address _____			Phone Number _____		
City _____	State _____	Zip Code _____	ctcLink/EMPL ID Number _____		

I am requesting reinstatement of my financial aid. I was placed on financial aid suspension in a previous term and have completed a minimum of five credits with my own resources that apply to my program of study and have completed any other required conditions.

Please attach a copy of your unofficial transcript (showing the class or classes you completed with your own resources with a term GPA of 2.0 or better) to this request.

Note: Students must also have an overall 2.0 cumulative GPA after any six terms of attendance or a reinstatement request will not be approved.

I understand I must successfully complete all classes in future terms.

► Student's Signature _____ Date: _____

For Office Use Only:

Term Suspended _____	Term Planning to attend _____	GPA Suspension Y / N _____
Cumulative GPA _____		# Terms _____

Tacoma Community College values diversity and is an Equal Opportunity Employer and Educator. Learn more at tacomacc.edu/nondiscrimination.

For Office Use Only:

APPROVED **Advisor Signature** _____ **Date** _____

DENIED **Advisor Signature** _____ **Date** _____
