DePaul University
Office of Financial Aid at DePaul Central
2015-2016 Request for Award Reinstatement

DePaul Central Locations:

<table>
<thead>
<tr>
<th>DePaul Center, Suite 9100</th>
<th>Schmitt Academic Center, Suite 101</th>
</tr>
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<tbody>
<tr>
<td>1 East Jackson Boulevard</td>
<td>2320 North Kenmore Avenue</td>
</tr>
<tr>
<td>Chicago, Illinois 60604</td>
<td>Chicago, Illinois 60614</td>
</tr>
</tbody>
</table>

(If you mail this form, please use this address)

Telephone (312) 362-8610  Fax (312) 362-5748

This form may be faxed, or mailed, or submitted by using our secure document upload website at wdat.is.depaul.edu/FAUpload/default.aspx

Last Name | First Name | DePaul ID
-----------|------------|------------

Please indicate your academic level: ☐ Undergraduate ☐ Graduate ☐ Law

Section A: Information and Instructions

- You may use this form to request reinstatement of a financial aid award(s) that was previously declined or accepted at a reduced amount. Please note that if you wish to adjust a federal student loan you’ve already accepted, please complete the appropriate Request to Adjust Federal Loans form, available in the forms section of our website at www.depaul.edu/admission-and-aid/financial-aid/forms-guides-and-resources/Pages/forms.aspx.
- If you are requesting reinstatement for a prior term, you need to have successfully completed the prior term, and your request will be subject to all federal late disbursement regulations.
- If we are able to grant your reinstatement request, you will be offered your full eligibility based on your anticipated and/or actual enrollment.
- This form is not used for reinstatement of a Federal Direct Grad PLUS Loan, Federal Direct Parent PLUS Loan, or a private educational loan, as you may need to reapply for those loans. Please contact our office for assistance.

Section B: Award Reinstatement

1. Enter the program you wish to reinstate (e.g. Subsidized Loan, Unsubsidized Loan, all awards, etc.): ________________________________________

2. Indicate the term(s) for which you are requesting reinstatement.
   - ☐ Fall Term ☐ Winter Term ☐ Spring Term

3. Indicate your past and/or anticipated enrollment per term in credit hours.
   - Fall: _______ hours  Winter: _______ hours  Spring: _______ hours

Section C: Additional Comments (optional)

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Section D: Acknowledgment and Signature

I am requesting reinstatement of my financial aid as indicated above. I understand that I may need to complete additional steps.

____________________________________________________________________________________________________

Student Signature ___________________________ Date ____________