

Application for Financial Aid Reinstatement									
Name	Student ID #								
Address									
	(street address) (city) state) (zip)								
Phone #	E-mail address								
Program o	r major at the time of academic suspension								
	eking reinstatement to the above program? Yes No is your intended program?								
Cumulative	e GPA Credits earned (passed) Credits attempted								
1) Co 2) Co 3) A t	to this form, please provide the following: byy of transcripts from your MyHC account. byy of loan debt from https://studentaid.gov/h/apply-for-aid/fafsa (first page only). byped letter that includes the following information along with supporting documentation.  Academic Situation: This serves as your opportunity to reflect on your current academic circumstances. It is meant to assist you in determining how you will learn from your past experiences in achieving academic success. This should be taken seriously, as you will benefit greatly from examining your current situation, how you arrived, and how you can take steps to become successful in the remaining time that you are a student at Helena College.  - This must be at least one page in length, addressing the following:  1) Describe the factors that lead to your academic situation. Please address each term you were unsuccessful.  Goals: What are your goals for the semester? (Or what do you plan to do to get off probation?) Include measurable objectives and methods. It is not enough to write, "I will study more." (ex. When will you study? How will you study? Where will you study?)								
c)	<ul> <li>c) Accountability Measures/Consequences: While we are here to help you, you will be held accountable for your own academic progress and success.</li> <li>2) What will you do to ensure the successful completion of your degree? (ex. What resources or services will you seek out? X hours spent in ALCC with tutor or completing work. Meet with advisor X times during the term.)</li> </ul>								
Signatur	re Date								
Complic	JESTIONS CALL: Valerie Curtin, Executive Director of cance & Financial Aid 406-447-6913, <u>Curtin@HelenaCollege.edu</u>								

Helena, MT 59601Fax to 406-447-6397.

Return form to the Financial Aid Office at 1115 N. Roberts,

## Max Credit Review to Extend Federal Financial Aid Eligibility

Name:				HC ID #: 770				
Address:					Phone #:			
	used to determ Ppolicy.	ine whether a stud	ent will continue	e to be eligil	ole for federal f	inancial aid as de	tailed on page	3 of
		ted below should be or completion of the				dvisor and must de	etail the minim	ıum
Special	Students can concentration Students who in the require Students who program. If the they take add approval und If a student o the semester There are lim student can be	only receive aid for but not include a are enrolled in dual timeframe.  submit a degree present does not litional courses not ler the revised plar nly has one remains o students should its to the number of corrow through the ethe limits associated	minor.  pal degrees or deplan and have the pass all the class that the plan the plan the plan according of terms a stude a Federal Staffor	heir eligibilit asses or doe ey may have t is less than gly. ent can received to do no prog	must complete to resubmit a resub	the requirements for expected to adhe with in the detailed evised plan and m will not be eligible	or one of the detect to the stated at timeline because not receive the for student lotter amount that the control of the contr	d cause oans for
Step 1:		courses needed to						
Dept.	Course #	Description	Credits	Dept.	Course #	Description	Credits	

Updated: 12/2022

## Step 2: Certification of advisor The courses detailed in Step 1 are the minimum needed to complete the degree being sought. Advisor Date Printed Name Dept. Phone # Step 3: Student Certification I have read the special notifications within this document and understand that failure to follow them may put aid eligibility at risk in both the current and future semesters. Student Signature Date

Updated: 12/2022