Reinstatement of A+ Benefits

Name: ________________________________  Student ID Number: __________________________

I am requesting that Jefferson College reinstate my A+ Benefits for:

- Fall 20__________
- Spring 20__________
- Summer 20__________

Check which applies:

- Lost A+ due to GPA/completion rate
- Transferred from another institution
  (Complete back of this form.)
- Never used A+ before
- Took a semester of college off
- Other financial aid previously used

☐ I understand that I must complete the FAFSA (Free Application for Federal Student Aid) annually and that I have already done so for the appropriate aid year.

☐ I also understand that in the event that my renewal of A+ has not been approved prior to my registration for classes for the upcoming semester, I will be considered a self-pay student and am responsible for all charges until the A+ renewal has been approved.

A+ requires students to maintain a full-time course load (12 or more credit hours), a 2.5 cumulative grade point average, and at least a 67% completion rate.

A+ eligibility is available for 48 months after high school graduation; A+ eligibility will expire at the end of the 48 months, the receipt of an Associate’s Degree, or completion of 105% of a program of study, whichever occurs first.

I understand that if I fail to maintain these requirements, my A+ approval may be revoked at any time.

PLEASE RETURN COMPLETED FORM TO:
JEFFERSON COLLEGE
STUDENT FINANCIAL SERVICES
1000 VIKING DRIVE
HILLSBORO MO 63050

Students will receive notification indicating approval or disapproval of the A+ renewal.

Student’s Signature __________________________ Date __________________________

For Office Use Only:

A+ Seal: __________________________  FAFSA Complete: __________________________

High School Graduation Date: __________________________

105% Used: __________________________

A+ Expiration Date: __________________________

Degree Completed: __________________________

Attended Previous College: __________________________

Approved: __________________________

Date Student Notified: __________________________

Disapproved: __________________________
Jefferson College
2015-2016 A+ Transfer Student Statement

Transfer students seeking A+ funding must indicate which institutions were attended prior to Jefferson College, and the total hours to be accepted in transfer must be considered prior to determining A+ eligibility. Please check the appropriate statement in the box below and submit the completed form to the Office of Student Financial Services, 1000 Viking Drive, Hillsboro, MO 63050.

Name: _______________________________  Student ID Number: __________________________

_______ / _______ / _______  (_____ ) _______ - _________  (_______ ) _______ - _________
Date of Birth (mm/dd/yy)  Home Phone Number  Alternate or Cell Phone Number

Transfer Students from A+ Eligible Institutions

☐ I have attended another A+ institution/community college.

When ________ / _________ (month/year last attended)

Name of School(s) __________________________________________

☐ I have submitted an official transcript(s) from all A+ institution(s) previously attended for review of the hours to be counted in my maximum timeframe allowed for A+.

Transfer Students from Non-A+ Eligible Institutions

☐ I have NOT attended another A+ institution/community college.

☐ I have submitted an official transcript(s) from my previous institution(s) for consideration of hours to be transferred to Jefferson College.

☐ I have NOT submitted an official transcript(s) from my previous institution(s) and I will not be transferring credit to Jefferson College.

Signature

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

_____________________________  ______________________________
Student’s Signature  Date