Application For Reinstatement of A+ Benefits at Jefferson College

Name: ___________________________________  Student ID Number: ________________________

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

__ Fall 20__  __ Spring 20__  __ Summer 20__

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 be lost once the student has earned Associates Degree, or has completed 105% of the student’s 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.

Student's Signature _______________________________  Date __________________

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

□ Lost A+ due to GPA/Completion rate
□ Transferred from another institution
□ Never used A+ before
□ Took a semester of college off

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

For Office Use Only:

A+ Seal: _____  FAFSA Complete: _____

HS Grad Date: _____  105% used: _____

A+ Expire Date: _____  Degree Completed: _____

Attend Previous College: _____

Approved: _____  Disapproved: _____

Date Student Notified: _____

Comments: