

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Request for TOPS Reinstatement 2024-2025

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

This form is to request for a reinstated TOPS Award to be returned to the student's account. Students should ONLY fill out this form if the TOPS Award was lost due to Cumulative GPA, Earned Hours, or Non-continuous Enrollment.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN
Reason for TOPS Awa	ard suspension:		
Cumulative GPA			
Earned Hours			
Non-continuous Enrol	lment		
Reinstatement via:			
Approved TOPS Exception (through the Louisiana Office of Student Financial Assistance)			
Cumulative GPA now meeting requirements			
Student Signature:			Date:
FOR OFFICE OF FINANCI	AL AID STAFF USE O	NLY	
Eligible for Reinstate		Not F	Eligible for Reinstatement
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Financial Aid Counselor (Reviewer):	ment		te:
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