

Student Signature

## Request for Cancellation/Reinstatement/Revision of Aid Package Office of Student Financial Aid | Florida Atlantic University FORM: REVREQ

Date

Submit this form online via <u>owlfiles.fau.edu</u> Need Help? Visit <u>fau.edu/finaid/contact</u>			
itudent Name Z Student Z Number		FAU Email Address	
NOTE: THIS FORM SHOULD NOT BE USED FOR DIRECT LOAN REVISIONS  To request increases/decreases for Direct Loans, complete the <u>Direct Subsidized/Unsubsidized Loan Revision Request Form</u> Please indicate below the purpose of your request and the semester(s) it applies to:			
☐ Cancel ALL my financial aid for the semesters indicated	□ Fall	□ Spring	□ Summer
☐ Reinstate ALL my financial aid for the semesters indicated (Note: Requests will be processed for the maximum amount you are eligible for — Check your Financial Aid Status on MyFAU to Accept Reinstated Awards)	☐ Fall	☐ Spring	□ Summer
☐ I am requesting approval for a supplemental Short Term  Advance for the amount and semesters indicated  (Note: An explanation of extenuating circumstances must be provided below to be eligible for funding)  Amount of funding requested: \$	☐ Fall	□ Spring	□ Summer
Other – Please use the area below (or on the back of this paper, if necessary) to detail your request and an explanation/justification as to why additional funds are needed.			
<ul> <li>Denial or request for additional information for this revision will be communicated via FAU Email.</li> <li>Requests for funding will be subject to fund availability and may not be approved if funds are not available.</li> </ul>			