Return This Form To
Florida Atlantic University
c/o Office of Student Financial Aid
777 Glades Road - SU Bldg, Rm #234
Boca Raton, FL 33431
ATTN: PRIVATE LOAN PROCESSING

Student Name ___________________________  Student Z Number ___________________________
FAU Email Address ___________________________

**Important Rules Regarding Alternative/Private Loan Increase Requests**

- Borrower requests for PRIVATE LOAN increases MUST not exceed the original amount that the borrower was approved for with their lender. Requests for amounts more than the original approved amount MUST be initiated by the borrower with their chosen lender. If approved, the lender will send a certification request to FAU for the additional amount to be processed.

- It is possible that some lenders might not approve an adjustment to a loan that has already been certified.

- The TOTAL amount of private funding requested may not exceed the student’s Cost of Attendance minus all other combined assistance.

**PRIVATE LOAN REVISION REQUEST**

Please complete the area below indicating (1) the CURRENT ACCEPTED alternative/private loan amount displayed on MyFAU for loan and term you are seeking to modify (you may obtain this information by reviewing your financial aid award status on MyFAU), (2) the increase or decrease you are requesting in the loan for the term, and (3) the new total amount you are accepting for the term, which will be equal to the sum of items (1) and (2). (Must be in whole dollar amounts only).

<table>
<thead>
<tr>
<th></th>
<th>Fall 2019</th>
<th>Spring 2020</th>
<th>Summer 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current amount Accepted on MyFAU</td>
<td>$ .00</td>
<td>$ .00</td>
<td>$ .00</td>
</tr>
<tr>
<td>2. Requested increase (+) / Decrease (-)</td>
<td>$ .00</td>
<td>$ .00</td>
<td>$ .00</td>
</tr>
<tr>
<td>3. New TOTAL Amount Requested</td>
<td>$ .00</td>
<td>$ .00</td>
<td>$ .00</td>
</tr>
</tbody>
</table>

Borrower Signature ___________________________  Date ___________________________

FINANCIAL AID USE ONLY

Comment: ____________________________________________

☐ Approved  ☐ Denied  Counselor ___________________________  Date ___________________________

Revised: 11/29/16