



**Florida Atlantic University**  
**Office of Student Financial Aid**  
**Budget Adjustment Enrollment Request**  
**2017-2018 Academic Year**  
**FORM: REVENR**

**Boca Campus**

777 Glades Road  
 Building SU 80, Room 233  
 Boca Raton, FL 33431-0991  
 Tel: (561) 297-3530

**Davie Campus**

3200 College Avenue  
 Building LA 122  
 Davie, FL 33314  
 Tel: (954) 236-1229

Website: [www.fau.edu/finaid](http://www.fau.edu/finaid)

**Jupiter Campus**

Office of Financial Aid - SR 134  
 5353 Parkside Drive  
 Jupiter, FL 33458  
 Tel: (561) 799-8697

NAME: \_\_\_\_\_

FAU Z NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAU EMAIL: \_\_\_\_\_

**Purpose of form:** Student enrollment for term is above the average number of credits normally taken by an Undergraduate student (13 credits) or a Graduate student (10 credits fall/spring, 6 credits summer). Meaning cost of attendance for term is higher than the average student population. By submitting this form after drop/add week, student is requesting for an increase in cost of attendance. If approved student may be considered for additional funding based on counselor review. In some cases may result in student having option to apply for a larger private or parent plus loan.

**IMPORTANT:** Form will be accepted after drop/add week of term, below are the earliest dates form will be accepted:

August 28, 2017 for Fall 2017

January 15, 2018 for Spring 2018

May 21, 2018 for Summer 2018 term 1 and/or 2

July 02, 2018 for Summer 2018 term 3

**Instructions:**

Select the option that apply. Sign and submit this form to the Office of Student Financial Aid.

Term: (check one)  Fall 2017  Spring 2018  Summer 2018

Yes I am an Undergraduate student enrolled in over 13 credit hours this term.

Yes I am an Graduate student enrolled in over 10 credit hours this fall and/or spring term .

Yes I am an Graduate student enrolled in over 6 credit hours this summer term.

**By signing below, I certify that the information reported above is complete and correct:**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**FINANCIAL AID USE ONLY**

Budget Adjustment Completed:  Approved  Denied  Documentation Required

\_\_\_\_\_  
 Counselor Signature

\_\_\_\_\_  
 Date