



REVISION REQUEST FORM

FLORIDA ATLANTIC UNIVERSITY Office of Student Financial Aid

Boca Campus:

777 Glades Road
Boca Raton, FL 33431-0991
Tel: (561) 297-3530
Website: www.fau.edu/finaid

Davie Campus:

2912 College Ave. Bldg #49
Davie, FL 33314
Tel: (954) 236-1229

Jupiter Campus:

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

PSL Campus:

500 NW California Blvd.
Port St. Lucie, FL 34986
Tel. (772) 873-3301

Name: _____
Address: _____

Phone: _____
FAU Email: _____
FAU Z#: _____
SSN: XXX – XX – _____

Select Term:

- FALL / SPRING* _____ (Year)
- FALL ONLY _____ (Year)
- SPRING ONLY _____ (Year)
- SUMMER _____ (Year)

1. CANCEL REINSTATE** REDUCE INCREASE** the following awards:

- ALL
- OTHER _____ specify award(s)
- Perkins Loan \$ _____
- Short Term Loan \$ _____
- FAU Loan \$ _____

* The total amount of any loan awarded for the FALL / SPRING Award Period will be divided in half and disbursed as EQUAL amounts in each semester.

** For Award Increase and Reinstatement requests, the revision will be processed for either your requested amount or the maximum for which you are eligible, *whichever is lower*.

2. Explanation / Justification as to why additional funds are needed: (write on back if necessary)

(write on back of form, if necessary)

Student Signature _____

Date _____

Denial or request for additional information for this revision will be communicated via FAU Email or postal mail.

REVISION REQUEST TO ANY FINANCIAL AID AWARD WHICH IS CURRENTLY ACCEPTED WILL AUTOMATICALLY BE POSTED AS ACCEPTED WHEN THE AWARD REVISION REQUEST IS PROCESSED.

For Counselor Use Only

___ Approved ___ Denied ___ Additional information needed

Comments: _____

Counselor Signature _____

Date _____