



Florida Atlantic University
Office of Student Financial Aid
Budget Adjustment Enrollment Request
2018-2019 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/financialaid

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 27, 2018 for Fall 2018

January 14, 2019 for Spring 2019

May 20, 2019 for Summer 2019 term 1 and/or 2

July 01, 2019 for Summer 2019 term 3

Instructions:

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

Term: (check one) ☐ Fall 2018 ☐ Spring 2019 ☐ Summer 2019

☐ 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