



**Florida Atlantic University**  
**Office of Student Financial Aid**  
**Budget Adjustment Enrollment Request**  
**2019-2020 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: \_\_\_\_\_

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 additional loans.

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

August 26, 2019 for Fall 2019

January 21, 2020 for Spring 2020

May 26, 2020 for Summer 2020 term 1 and/or 2

July 07, 2020 for Summer 2020 term 3

**Instructions:**

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

Term (check one): ☐ Fall 2019 ☐ Spring 2020 ☐ Summer 2020

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

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

☐ Yes, I am a 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