Aid Year: _____

Request for Cancellation/Reinstatement/Revision of Aid Package

Office of Student Financial Aid | Florida Atlantic University

FORM: REVREQ

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

Student Name	Z Student Z Number	FAU Email Address
_____	_____	_____

NOTE: THIS FORM SHOULD NOT BE USED FOR DIRECT LOAN REVISIONS

To request increases/decreases for Direct Loans, complete the Direct Subsidized/Unsubsidized Loan Revision Request Form

Please indicate below the purpose of your request and the semester(s) it applies to:

☐ **Cancel ALL my financial aid for the semesters indicated**	☐ **Fall** _____	☐ **Spring** _____	☐ **Summer** _____
☐ **Reinstate ALL my financial aid for the semesters indicated** (Note: Requests will be processed for the maximum amount you are eligible for – *Check your Financial Aid Status on MyFAU to Accept Reinstated Awards*)	☐ **Fall** _____	☐ **Spring** _____	☐ **Summer** _____
☐ **I am requesting approval for a supplemental Short Term Advance for the amount and semesters indicated** (Note: An explanation of extenuating circumstances must be provided below to be eligible for funding) Amount of funding requested: $ _____	☐ **Fall** _____	☐ **Spring** _____	☐ **Summer** _____

☐ **Other** – Please use the area below (or on the back of this paper, if necessary) to detail your request and an explanation/justification as to why additional funds are needed.

- *Denial or request for additional information for this revision will be communicated via FAU Email.*
- *Requests for funding will be subject to fund availability and may not be approved if funds are not available.*

Student Signature	Date
_____	_____