



**Florida Atlantic University Office of Student Financial Aid
Request for Cancellation/Reinstatement/Revision of Aid Package
2020-2021 Award Year**

You may submit this form to the nearest FAU Office of Student Financial Aid location.
Office addresses and phone numbers can be found at:
<http://www.fau.edu/finaid/contact.php>

_____ Z _____
Student Name Student Z Number FAU Email Address

NOTE: THIS FORM SHOULD NOT BE USED FOR DIRECT LOAN REVISIONS
Requests for Direct Loan increases/decreases should be made through the
[Direct Subsidized/Unsubsidized Loan Revision Request Form](#).

Please indicate below the purpose of your request and the semesters the request applies to

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cancel ALL my financial aid for the semesters indicated | <input type="checkbox"/> Fall 2020 | <input type="checkbox"/> Spring 2021 | <input type="checkbox"/> Summer 2021 |
| <input type="checkbox"/> Reinstatement ALL my financial aid for the semesters indicated (note: request will be processed for the maximum for which you are eligible – <u>please check the status of your financial aid awards on MyFAU periodically as you may need to accept reinstated awards</u>). | <input type="checkbox"/> Fall 2020 | <input type="checkbox"/> Spring 2021 | <input type="checkbox"/> Summer 2021 |
| <input type="checkbox"/> I am requesting approval for a supplemental Short Term Advance for amount and semesters indicated (note: must provide explanation of extenuating circumstances below for consideration) | <input type="checkbox"/> Fall 2020 | <input type="checkbox"/> Spring 2021 | <input type="checkbox"/> Summer 2021 |
- Amount of funding requested \$ _____

OTHER – Please use area below to detail request and explanation/justification

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

- 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

FINANCIAL AID USE ONLY

Approved Denied

Comment: _____

_____ Counselor _____ Date