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](http://www.fau.edu/finaid/contact.php)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Z Number</th>
<th>FAU Email Address</th>
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**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](http://www.fau.edu/finaid/contact.php).

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

- [ ] Cancel ALL my financial aid for the semesters indicated: □ Fall 2021 □ Spring 2022 □ Summer 2022
- [ ] Reinstate ALL my financial aid for the semesters indicated: □ Fall 2021 □ Spring 2022 □ Summer 2022
  (note: request will be processed for the maximum for which you are eligible – please check the status of your financial aid awards on MyFAU periodically as you may need to accept reinstated awards).
- [ ] I am requesting approval for a supplemental Short Term Advance for amount and semesters indicated: □ Fall 2021 □ Spring 2022 □ Summer 2022
  (note: must provide explanation of extenuating circumstances below for consideration)

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 Comment: ___________________________________________

[ ] Approved [ ] Denied

Counselor ___________________________ Date ___________________________

Request for Cancellation/Reinstatement/Revision of Aid Package – 10/27/20