Aid Year: _____

Request for Cancellation/Reinstatement/Revision of Aid Package
Office

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)	☐	☐	☐
☐ [redacted]	☐	☐	☐

☐ Other

Student Signature _____ Date _____