

Aid Year: _____

Request for Cancellation/Reinstatement/Revision of Aid Package Office

[Empty box for student information]

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 area]

Other