

2023-2024

GRADUATE PLUS LOAN CHANGE REQUEST FORM

Office of Student Financial Aid
San Francisco State University
1600 Holloway Ave
San Francisco, CA 94132-4011
<http://financialaid.sfsu.edu>



Student Information		
Last Name:	First Name:	Student ID:

Requested Change	
I authorize the Office of Student Financial Aid to make the following change(s) to my award:	
<input type="checkbox"/> CANCEL my Graduate PLUS Loan for:	
<input type="checkbox"/> Fall 2023/Spring 2024 <input type="checkbox"/> Fall 2023 Only <input type="checkbox"/> Spring 2024 Only <input type="checkbox"/> Summer 2024 Only	
<input type="checkbox"/> Offer my previously declined PLUS Loan so that I can accept it later.	
<input type="checkbox"/> CANCEL my Federal Work Study award and increase my Graduate PLUS Loan by the following amount:	
<input type="checkbox"/> Maximum Amount <input type="checkbox"/> Indicate Amount:	
Disbursed Amount: \$_____ + Increase Amount: \$_____ = Total Amount: \$_____	
<input type="checkbox"/> INCREASE my Graduate PLUS Loan	
<input type="checkbox"/> Fall 2023/Spring 2024 <input type="checkbox"/> Fall 2023 Only <input type="checkbox"/> Spring 2024 Only <input type="checkbox"/> Summer 2024 Only	
Disbursed Amount: \$_____ + Increase Amount: \$_____ = Total Amount: \$_____	
* Graduate Plus Loan increases may require a new application to process.	

Comments

Certification & Signature	
I certify that all of the information reported on this worksheet is complete & correct.	
_____ Student Signature	_____ Date