

2024-2025

PARENT 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
<p>I authorize the Office of Student Financial Aid to make the following change(s) to my award:</p> <p><input type="checkbox"/> CANCEL my Parent PLUS Loan for:</p> <p><input type="checkbox"/> Fall 2024/Spring 2025 <input type="checkbox"/> Fall 2024 Only <input type="checkbox"/> Spring 2025 Only <input type="checkbox"/> Summer 2025 Only</p> <p><input type="checkbox"/> Offer my previously declined Parent PLUS Loan so that I can accept</p> <p><input type="checkbox"/> CANCEL my Federal Work Study award and increase the Parent PLUS Loan by the following:</p> <p><input type="checkbox"/> Maximum Amount <input type="checkbox"/> Indicate Amount:</p> <p>Disbursed Amount: \$_____ + Increase Amount: \$_____ = Total Amount: \$_____</p> <p><input type="checkbox"/> INCREASE my Parent PLUS Loan</p> <p><input type="checkbox"/> Fall 2024/Spring 2025 <input type="checkbox"/> Fall 2024 Only <input type="checkbox"/> Spring 2025 Only <input type="checkbox"/> Summer 2025 Only</p> <p>Disbursed Amount: \$_____ + Increase Amount: \$_____ = Total Amount: \$_____</p> <p>* Parent Plus Loan increases may require a new application to process.</p>

Comments

Certification & Signature	
I certify that all of the information reported on this worksheet is complete & correct.	
_____ Student Signature	_____ Date
_____ Parent Signature (Required for increases)	_____ Date