

Financial Aid and Scholarships Administration Building Room 124 1910 University Drive Boise, ID 83725-1315

Phone: (208) 426-1664 Fax: (208) 426-1305

Email: FinancialAid@boisestate.edu

## Graduate PLUS Loan Adjustment Request 2023-2024

Student Name:		Student ID #
(Print or type)	Last name	First name
	from the student. Ple	forrower, any adjustments to the PLUS loan amounts or loan period must be submitted ease note that once loan funds have disbursed, other procedures exist for canceling or
	oans are originally avexisting financial aid.	varded based on the electronic loan application information, the student's Cost of
What type of Gra	aduate PLUS Loan	adjustment are you requesting? (Check all that apply)
□ Reduction	n to the Amount:	New loan amount should be: \$
☐ <u>Increas</u> e t	he Amount:	
□А	additional amount to	be added to the existing loan: \$
A	ward the maximum a	mount available
☐ Switch Tir	me Frame: Loan sho	uld be for:
□В	oth Fall & Spring 202	3-2024
□Fa	all 2023 Only	
$\Box s_{\mathbf{i}}$	pring 2024 Only	
□Sı	ummer 2024 Only	
Address C	Change:	New address should be:
□Cancel the	e entire PLUS Loan:	
□No Longe	er Seeking an Endors	er (co-signer) for the Graduate PLUS Loan
Comments/Cla	arification of Requ	iest:
I certify that I a changes be ma		who applied for a Graduate PLUS Loan, and I now ask that the above
		Date:
(Please print this	form or use the sty	rlus to sign)

11/8/2022 KRJ FPLAD1