

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

## Parent PLUS Loan Adjustment Request 2023-2024

Student Name:		Student ID #	
(Print or		ame	
writing	tect the Parent PLUS Loan Borrower, any adjustme directly from the borrower. Please note that once l g loan amounts.		
	PLUS Loans are originally awarded based on the elance, and existing financial aid.	ectronic loan application	n information, the student's Cost of
What ty	rpe of Parent PLUS Loan adjustment are you reque	sting? (Check all that ap	oply)
	Reduction to the Amount: New	tion to the Amount: New loan amount should be: \$	
	Increase the Amount:		
	☐ Additional amount to be added to the exis	ting loan:	\$
	☐ Award the maximum amount available	_	
	Switch Time Frame: Loan should be for:		
	☐ Both Fall & Spring 2023-2024		
	☐ Fall 2023 Only		
	☐ Spring 2024 Only		
	☐ Summer 2024 Only		
	Borrower Address Change: New	w address should be:	
	Cancel the entire PLUS Loan:		
	No Longer Seeking an Endorser (co-signer) for th	e Parent PLUS Loan	
Comn	nents/Clarification of Request:		
	fy that I am the individual who applied for es be made.	a Parent PLUS Loa	n, and I now ask that the above
Student Signature (Please print this form or use the stylus to sign)		n) Phone Number	Date
Parent Signature		Phone Number	Date

11/8/2022 KRJ **FPLAD1**