

THE UNIVERSITY OF OKLAHOMA
 FINANCIAL AID SERVICES
 1000 Asp Avenue, Room 216
 Norman, Oklahoma 73019-4078
 Phone (405) 325-4521 Fax (405) 325-7608
www.financialaid.ou.edu

DIRECT PLUS LOAN REQUEST FORM

Parent Name: _____	Parent SSN: _____
Address: _____	Parent email: _____
City, State, Zip: _____	Student Name: _____
Parent Phone: _____	Student SSN: _____
	Student OU ID: _____

USE THIS FORM TO REQUEST A CHANGE TO YOUR FEDERAL DIRECT PLUS LOAN.

This form must be completed and signed by the parent borrower.
Only one PLUS Loan Request Form may be submitted per semester.
The student must be officially enrolled through O.U. in a minimum of 6 credit hours at the time of disbursement.
This form cannot be used for summer PLUS Loan requests.
Complete the appropriate sections below.

Indicate the PLUS change you are requesting below.
Completion of this form is not a guarantee that your increase request will be approved. Additional steps may be required. You cannot use this form if your PLUS loan was approved with an endorser. You and your endorser must reapply for a new PLUS loan at www.studentloans.gov in order to increase your PLUS loan.

Increase total PLUS Loan amount to \$ _____ or Maximum amount available

Decrease my PLUS loan amount to \$ _____

Cancel my PLUS loan in full \$ _____

Cancel my PLUS **fall** loan only \$ _____

Cancel my PLUS **spring** loan only \$ _____

All PLUS Loans are processed for equal disbursements FALL/SPRING unless the student graduates in December.
Contact a Financial Aid Advisor for assistance with this PLUS form for Study Abroad programs.

By signing this application, I agree to provide information that will verify the accuracy of the completed form. Also, as the parent borrower, I certify that I am the person identified by the parent signature.

Parent Borrower Signature: _____ Date: _____

If persons completing this form purposely giving false or misleading information or signatures, those persons may be fined, sent to prison or both.