

A student or parent borrower may request to have their loan(s) increased, decreased and/or cancelled as indicated below. Please check and/or complete the appropriate section(s) below and submit to the Office of Student Financial Aid.

REQUEST FOR INCREASE, DECREASE AND/OR CANCELLATION OF FEDERAL LOAN(S)			
LOAN PERIOD (please ✓ one only): <input type="checkbox"/> FALL 2023 & SPRING 2024 <input type="checkbox"/> FALL 2023 only <input type="checkbox"/> SPRING 2024 only			
SUBSIDIZED STAFFORD	Increase by \$ <input type="text"/> or <input type="checkbox"/> Maximum Eligibility	Decrease by \$ <input type="text"/> or <input type="checkbox"/> Cancel Completely	
UNSUBSIDIZED STAFFORD	Increase by \$ <input type="text"/> or <input type="checkbox"/> Maximum Eligibility	Decrease by \$ <input type="text"/> or <input type="checkbox"/> Cancel Completely	
PARENT PLUS	Increase by \$ <input type="text"/> or <input type="checkbox"/> Maximum Eligibility	Decrease by \$ <input type="text"/> or <input type="checkbox"/> Cancel Completely	
GRADUATE PLUS	Increase by \$ <input type="text"/> or <input type="checkbox"/> Maximum Eligibility	Decrease by \$ <input type="text"/> or <input type="checkbox"/> Cancel Completely	

REQUEST FOR INCREASE OF STAFFORD BORROWING DUE TO DENIAL OF PARENT PLUS LOAN			
LOAN PERIOD (please ✓ one only): <input type="checkbox"/> FALL 2023 & SPRING 2024 <input type="checkbox"/> FALL 2023 only <input type="checkbox"/> SPRING 2024 only			
My parent has been denied a Federal Parent PLUS Loan by the U.S. Department of Education due to an adverse credit history. I am requesting that my Federal Direct Stafford Loan(s) be increased as follows:			
SUBSIDIZED STAFFORD	-	Increase by \$ <input type="text"/> or <input type="checkbox"/> Maximum Eligibility	
UNSUBSIDIZED STAFFORD	-	Increase by \$ <input type="text"/> or <input type="checkbox"/> Maximum Eligibility	

NOTE: If you are submitting this form to decrease or cancel a loan, please note that any changes made by decreasing or canceling may result in a balance owed to CSU. If you, or your parent, have/has already received a credit balance by check(s), direct deposit(s), or debit card, please be prepared to return the funds to the Office of Student Financial Aid along with this form, or we may not be able to honor your request.

Student Signature	Last Name	First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CSU ID Number	Date		
<input type="text"/>	<input type="text"/>		
<i>(Only required for an increase if the initial loan request has been processed - student signature not required)</i>			
Parent Signature	Last Name	First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Social Security Number	Date		
<input type="text"/>	<input type="text"/>		

Please allow up to 10 business days for processing. Results will be posted to CSU X-Press.