



**Financial Aid Department**  
 Phone: 360.650.3470  
 Email: financialaid@wwu.edu  
 Website: financialaid.wwu.edu  
 Address: 516 High Street, Old Main 265, Bellingham, WA 98225

**PLUS Loan Revision**

\_\_\_\_\_  
 Student Name W \_\_\_\_\_  
 Student I.D. Number

**This request is for Academic Year:** \_\_\_\_\_ - \_\_\_\_\_

Parents and graduate students may submit this form to request changes to an **undisbursed** PLUS Loan that they have **already applied and been approved for** at [studentaid.gov](http://studentaid.gov).

**This form cannot cancel disbursements that already paid to the student account.** Contact the Student Business Office at (360) 650-2865 to arrange repayment of the disbursed portion of your loan.

**Change Options for Undisbursed PLUS Loans**

**Cancel** my PLUS Loan for the following quarter(s):

- Fall       Winter       Spring       Summer\*

**Change** my **total** PLUS Loan amounts to:

Fall: \$ \_\_\_\_\_ Winter: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_ Summer\*: \$ \_\_\_\_\_

\*Summer loan changes cannot be processed until the **Summer Financial Aid Application** is complete, typically available during Spring Quarter.

**Change** the address on my Parent PLUS Loan to:

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Change** the Parent PLUS Loan refund to:

- Send to student       Send to parent

**Certification**

I certify that the information provided herein is complete and correct.

**Parent PLUS Loan**

\_\_\_\_\_  
 Parent Borrower Printed Name

\_\_\_\_\_  
 Parent Borrower Signature (Parent handwritten signature is **required**)

\_\_\_\_\_  
 Date

**Graduate PLUS Loan**

\_\_\_\_\_  
 Student Signature (Not required if submitted from your **WWU email account**)

\_\_\_\_\_  
 Date

<b>OFFICE USE ONLY</b>	Operations:	[R_PLUS _____]	(LOAN Revision Type)
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