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.ou.edu/financialaid

DIRECT PLUS LOAN REQUEST FORM

Parent Name: ___________________________ Parent SSN: ___________________________
Address: _______________________________ Parent Email: ___________________________
City, State, Zip: _________________________ Student Name: ___________________________
Parent Phone: ___________________________ Student SSN: ___________________________
Student OU ID: __________________________

 Decrease my PLUS loan amount to $ _________________________
 Cancel my PLUS loan in full $ _________________________
 Cancel my PLUS fall loan only $ _________________________
 Cancel my PLUS spring loan only $ _________________________
 Increase total PLUS Loan amount to $ _________________________ or  Maximum amount available

*Note-You will need to apply for a new PLUS loan if you are requesting an amount higher than your original PLUS credit approval.
OTHER _______________________________________________________________________________________

Indicate the PLUS loan 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.

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 supply false or misleading information or signatures, those persons may be fined, sent to prison or both.