

## **Graduate PLUS Loan Request Form**

Student Name (print):		Student ID#:		
Appl	y loan amount to following semester(s): Fall	Winter	Spr/Sum	
I wou	ald like to increase Grad PLUS by: \$			
I wou	ıld like to decrease Grad PLUS by: \$			
I wou	ald like to decline/cancel Grad PLUS:(	check to decl	ine)	
	2% loan origination fee will be subtracted) The een selected semesters.	<mark>e above amou</mark>	int will be split evenly	
*	Mail completed form to: Financial Aid Processing, 6191 Kraft Ave SE, Grand Rapids MI 49512, fax to 616-732-1141, email to <a href="mailto:financialaid@davenport.edu">financialaid@davenport.edu</a> or drop off to your Financial Aid Counselor at the location you are attending.			
*	For increases: If this request is received after the original credit decision has expired, you must go to www.studentaid.gov to complete a new application as a new credit check may be required.			
*	If the original loan application had an endorser, you must complete a new PLUS application at <a href="www.studentaid.gov">www.studentaid.gov</a> along with a new PLUS Master Promissory Note (MPN).			
*	Loan requests should be submitted prior to mid-semester for priority processing. Loan requests received after mid-semester may not be certified and disbursed until the next semester. Loan requests received after semester's end <b>will be</b> denied.			
*	Davenport University will inform the borrower if the amount requested cannot be honored after a Financial Aid Specialist makes a complete eligibility determination.			
*	Student must have a valid Graduate PLUS Master funds will disburse. (Please be sure to read all ter loans as explained in your PLUS MPN.)	•		e
Stude	ent Signature	Date		_