

Office of Financial Aid

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302.857-6250
302.857.6251 (fax)
email: finaiddocs@desu.edu
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Full Name

ID Number

PLUS Loan Increase Form

Permanent Mailing Address (include Apt #) City State Zip

Home Phone (include area code) Cell Phone (include area code) E-mail Address

School Email Address Personal Email Address

I authorize Delaware State University's Office of Financial Aid to increase my child's Parent PLUS Loan by the amount requested below. By completing this form, I understand that I am responsible for the total repayment of the amount processed for this loan. I also understand that the loan may not be processed for the entire amount requested due to Delaware State University's Cost of Attendance Policy.

Please note: This form should be utilized by PLUS Loan Borrowers who have an approval on file for the current academic year. The processing time frame may take up to 3 business days to complete.

I am fully aware that my requested Parent PLUS Loan Increase will not be increased in the following circumstances:

Current Amount New Requested Loan Amount Total Requested Loan Amount

- If my child has reached the maximum allowable Cost of Attendance amount
- If my Parent Plus loan has been approved utilizing a co-endorser, the loan cannot exceed the amount agreed upon by the co-endorser
- If the **first disbursement** of my Parent Plus loan has already been released

I certify that I have read and fully understand the above agreement. I understand that if my first disbursement has been applied to my child's account that my loan increase will not be processed. I also understand that my application must be approved by the United States Department of Education and that my credit report can be no older than 180 days. I also certify that all information reported is complete and correct to the best of my ability. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

Signature of Borrower (parent)

Date

Official Use Only

Financial Aid Representative's Name (Please Print)

Signature of Financial Aid Representative

Date / /