

Graduate PLUS Action Form 2009 - 2010

University of Rochester Financial Aid Office

Student Name

Student ID

LOAN CANCELLATION/REDUCTION

I wish to reduce my Graduate PLUS loan as follows (please indicate the total amount you want to reduce your loan by):

\$ _____ Fall 2009

\$ _____ Winter 2010 (Simon students only)

\$ _____ Spring 2010

\$ _____ Summer 2010

LOAN INCREASE

I would like to increase my Graduate PLUS loan as follows (please indicate the total amount you want to increase your loan by):

\$ _____ Fall 2009

\$ _____ Winter 2010 (Simon students only)

\$ _____ Spring 2010

\$ _____ Summer 2010

OTHER REQUEST

Signature

Date

www.enrollment.rochester.edu/financialaid

Financial Aid Office, Box 270261, Rochester, NY 14627

800.881.8234 585.275.3226 fax 585.756.7664