

Financial Aid and Scholarships  
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[Contact An Expert](#)

### 2022-23 Parent Direct PLUS Loan Change Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Last 4 digits of Parent SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

To request a Federal Parent PLUS loan, the parent borrower must submit an application request and Master Promissory Note (MPN) on [studentaid.gov](http://studentaid.gov). Complete this form to adjust the current loan amount and indicate if the requested amount is Gross (before fees are deducted) or Net (after fees are deducted).

<b>INCREASE LOANS</b> (Write "MAX" if you want to increase the loan to the maximum eligibility amount)	
<input type="checkbox"/> Direct Parent PLUS Loan From: \$ _____ to: \$ _____ <i>(whole dollar amounts only)</i>	<input type="checkbox"/> Net <input type="checkbox"/> Gross

<b>DECREASE LOANS</b>	
<input type="checkbox"/> Direct Parent PLUS Loan From: \$ _____ to: \$ _____ <i>(whole dollar amounts only)</i>	<input type="checkbox"/> Net <input type="checkbox"/> Gross
Select One Loan Period:	
<input type="checkbox"/> Academic Year (Fall/Winter/Spring)	<input type="checkbox"/> Fall Only
<input type="checkbox"/> Winter Only	<input type="checkbox"/> Spring Only

<b>ACCEPT PREVIOUSLY OFFERED LOANS</b> (Write "MAX" if you want to increase the loan to the maximum eligibility amount)	
<input type="checkbox"/> Direct Parent PLUS Loan: \$ _____ <i>(whole dollar amounts only)</i>	<input type="checkbox"/> Net <input type="checkbox"/> Gross

<b>DECLINE LOANS</b>
<input type="checkbox"/> Direct Parent PLUS Loan

<b>UPDATE REFUND STATUS</b>
<input type="checkbox"/> Refund to Student <input type="checkbox"/> Refund to Parent

UC Davis will not process a loan request that does not meet federal guidelines.

Please note, your request may create a bill resulting in a registration hold on the student's account. Please visit [MyBill](#) to make payment and/or view detailed balance due. For questions regarding your bill, please contact [Student Accounting](#).

I certify that to the best of my knowledge all information provided on this form is complete and correct.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_