

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

2023-24 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: _____ *If this is a new phone number, please update your information on [SISWeb](#).

To request a Federal Parent PLUS loan, the parent borrower must submit an application request and Master Promissory Note (MPN) on [studentloans.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).

INCREASE LOANS (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

DECREASE LOANS	
<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

ACCEPT PREVIOUSLY OFFERED LOANS (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

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

UPDATE REFUND STATUS
<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: _____