CALIFORNIA STATE UNIVERSITY SAN BERNARDINO Office of Financial			Return to: 5500 University Parkway UH 150 San Bernardino, CA 92407 Tel. (909) 537-5227
Aid and Scholarships Fax: (909) 537- 7024			
Gi	aduate	Undergr	aduate
This form should be completed by the either the parent borrower or graduate student in order to request updates or revisions to any Parent Loan for Undergraduate Students (PLUS).			
Student Name:		Coyote IE	):
Change the following on my	PLUS application:		
Address:			
Phone Number:			
Email Address:			
Fund disbursement of excess PLUS Loan to be issued to:			
Deren	t	Student	
I will NOT be securing an endorser or appealing the credit denial.			
Reduce* the PLUS loan amount I requested to \$			
Cancel future PLUS Loan disbursements (funds that have not been issued).			
Please accept my previously processed PLUS Loan Credit Approval* for:			
Maximum PLUS Eligibility OR Summer 2020 PLUS Loan Amount:			
*Credit approval must be valid and not expired.			
Please reinstate loan which was inadvertently declined.			
I certify that I understand any changes requested will become effective for any future disbursements that have not been issued. I further certify that requesting a cancellation of funds that have already been issued will generate an outstanding balance on my student's account, and outstanding balances may hold a student's registration process.			
Parent Name:		Pare	nt ID:
Parent Signature:		Date	·
Student Signature:		Date	: