

**Student Name:** \_\_\_\_\_

**RUID #:** \_\_\_\_\_

**School Selection:**

**Student Phone:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

Increase the amount of my existing PLUS Loan by: \_\_\_\_\_

for: Academic Year 2015-16

Fall 2015

Spring 2016

Summer 2016

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Signature

Date

**Return this form to your regional financial aid office:**

**Office of Financial Aid  
Rutgers University**  
620 George Street  
New Brunswick, NJ 08901-1175  
Phone: (848) 932-7057  
Fax: (732) 932-7385

**Office of Financial Aid  
Rutgers University**  
249 University Avenue  
Newark, NJ 07102-1896  
Phone: (973) 353-5151  
Fax: (973) 353-5057

**Office of Financial Aid  
Rutgers University**  
Armitage Hall  
311 N. Fifth Street  
Camden, NJ 08102-1405  
Phone: (856) 225-6039  
Fax: (856) 225-6074