

Student Name: _____

RUID #: _____

School Selection:

Borrower Name: _____

Borrower Phone: _____

Borrower Email: _____

Increase the amount of my existing PLUS Loan by: _____

for: Academic Year 2015-16

Fall 2015

Spring 2016

Summer 2016

Borrower 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