

## **BUDGET REVISION REQUEST**

Matriculated SUNY New Paltz students studying abroad through a SUNY program are NOT required to complete this form. Please only submit this form if you wish to have your loan aid increased, or if you wish to have your file reviewed to see if you are eligible for additional loans.

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Abroad Program: \_\_\_\_\_

Semester Abroad: summer  fall  spring  Year: \_\_\_\_\_

Loan you request to increase-

Direct Parent PLUS Loan: Max Amount  OR Specific Amount: \_\_\_\_\_

Direct Student Loan-Sub: Max Amount  OR Specific Amount: \_\_\_\_\_

Direct Student Loan-Unsub: Max Amount  OR Specific Amount: \_\_\_\_\_

Submit this form when all boxes have been checked:

I have printed out and attached the study abroad cost sheet for this program. (If this form is being submitted via email you can send a weblink of your budget sheet instead.)

My registration for this program is complete. (Please do not submit this form unless your abroad application was approved and you are registered.)

I understand that if my aid is revised I will receive an email from the Financial Aid Office notifying me of the revision.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email\*: \_\_\_\_\_ Parent Phone\*: \_\_\_\_\_

\*Parent info is only req'd if you're requesting an increase of a Parent PLUS Loan

fax: (845) 257-3568  
email: [fao@newpaltz.edu](mailto:fao@newpaltz.edu)  
submit on campus: HAB603  
mail: Financial Aid Office - 200 Hawk Dr - New Paltz NY - 12561.