

Request to Reinstate Grad PLUS loan

Date _____

I _____
(Student Borrower's Name) (Student ID #)

would like to reinstate my Grad PLUS loan form to \$ _____. In signing this letter, I understand there are fees that are deducted from the loan prior to the disbursement to the university by Direct Loans as outlined in the Notice of Guarantee and Disclosure Statement. In signing this letter, I am authorize the Office of Financial Aid and Scholarships to reinstate my Grad PLUS loan.

(Signature of Borrower)

(Borrower's Phone Number)

(Borrower's email address)

If you agree to the terms and conditions of this letter, please mail letter to:

Hampton University
Office of Financial Aid and Scholarships
2nd Floor Whipple Barn
Hampton, VA 23668