



2019-2020 Federal Direct Parent PLUS Loan Adjustment Form

Student ID#\*

Student Name

(Last Name, First Name)

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

I. INCREASE REQUEST

I wish to increase my Parent PLUS loan as follows (not to exceed eligibility):

Total for Semester

☐ Fall Semester \$ \_\_\_\_\_

☐ Spring Semester \$ \_\_\_\_\_

II. DECREASE REQUEST

I wish to decrease my Parent PLUS loan as follows:

Total for Semester

☐ Fall Semester \$ \_\_\_\_\_

☐ Spring Semester \$ \_\_\_\_\_

III. CANCELLATION REQUEST

I wish to cancel my Parent PLUS loan for the following semester(s) indicated below. I understand that this request to cancel my loan must be received within 30 days of the date the loan disbursement notice was sent.

☐ Fall Semester ☐ Spring Semester

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding. I understand that requesting a cancellation or reduction of a Federal Direct Parent PLUS Loan may result in a balance owed to the college and it is my responsibility to pay the balance due.

Parent Signature (HANDWRITTEN, not typed)

Date

This form contains personally identifiable information.
Financial Aid Office 2 College Hill Westminster, MD 21157
410.857.2233 (Voice) 410.386.4608 (fax)