

## **FINANCIAL AID OFFICE**

## 2020-2021 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					
<u>I.</u>	INCREASE REQUEST  I wish to increase my Parent PLUS loan as follows (not to exceed eligibility):				
				Total	l for Semester
		Fall Semeste	r	\$	
		Spring Seme	ster	\$	
<u>II.</u>	DECREASE REQUEST				
	I wish to decrease my Parent PLUS loan as follows:				
				Total	I for Semester
		Fall Semeste	r	\$	<del></del>
		Spring Seme	ster	\$	
<u>III.</u>	<u>CANCELLATION REQUEST</u>				
	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
to rec	eive fu	nding. I underst	and that requesting a	cancellatic	aid programs require a minimum enrollment be maintained on or reduction of a Federal Direct Parent PLUS Loan may ility to pay the balance due.
Parent Signature (HANDWRITTEN, not typed)					Date