

MCDANIEL COLLEGE

FINANCIAL AID OFFICE

Federal Direct Parent PLUS Loan Adjustment Form

Student ID#*

Academic Year

Student Name

(Last Name, First Name)

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

*i.e. 2019-2020, 2020-2021

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.
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410.857.2233 (Voice) 410.386.4608 (fax)*