2017–2018 Parent PLUS Adjustment Request

| Student Name: __________________________ | Loyola ID: __________________________ |

If requesting a decrease, we will process the reduction and notify your lender of the change. **Note:** If you notify both the FAO and your lender of a reduction, we will each process the reduction, resulting in **possible late fees** assessed by the Office of the Bursar if the loan is now less than your outstanding balance. If requesting a reduction more than 14 days after the loan has disbursed, please contact our office first: lufinaid@luc.edu or 773-508-7704.

All amounts should be gross amounts before origination fees are removed. For more information about the PLUS loan and origination fees, please visit [http://www.direct.ed.gov](http://www.direct.ed.gov/)

### Decrease PLUS Loan (choose 1)

- [ ] Cancel entire loan
- [ ] Reduce entire loan to $___________
  
  - [ ] Reduce loan amount to:  
    - [ ] Fall $_________  
    - [ ] Spring $_________  
    - [ ] Summer $_________

If requesting an increase, you may be able to request a new loan through studentloans.gov. However, if you originally requested the maximum amount and are now eligible for a larger amount due to a budget adjustment, please complete this form.

All amounts should be gross amounts before origination fees are removed. For more information about the PLUS loan and origination fees, please visit [https://studentaid.ed.gov/sa/types/loans/plus](https://studentaid.ed.gov/sa/types/loans/plus)

### Increase PLUS Loan (choose 1)

- [ ] Increase entire loan to $___________
  
  - [ ] Increase loan amount to:  
    - [ ] Fall $_________  
    - [ ] Spring $_________  
    - [ ] Summer $_________

I understand that rejected loan awards cannot be replaced with grant assistance. I understand that I am responsible for all educational expenses not covered by other financial aid programs. I understand that previously reduced or canceled awards will be reinstated only if requested before the end of the term.

Parent (Borrower) Signature* __________________________  

Date __________________________

*Typed and digital signatures are not acceptable

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**Updated 9/29/17**

Financial Aid Office
1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704  Fax: 773.508.3397
Scan completed form and E-mail to finaidforms@luc.edu