



2017-18 Parent PLUS Loan Change



Please complete all sections using **BLACK INK**.

Student's Last Name

First Name

M. I.

APU ID Number

Parent Borrower Last Name

Parent Borrower First Name

I would like to request the following change:

Increase the yearly amount of my PLUS Loan from \$ _____ to \$ _____

Decrease the yearly amount of my PLUS Loan from \$ _____ to \$ _____

Cancel my PLUS Loan

Additional clarification comments (if needed):

If this loan creates a credit on your student's account, please send the refund to: (Please check only one box.)

My student

Me (the borrowing parent), at the following address:

Street Address (include apartment number)

City

State

ZIP Code

Please read, sign and date

- I am aware that I cannot receive more PLUS Loan than my student's Cost of Attendance, minus any other financial aid.
- I understand that the reduction or cancelation of my loan may result in a balance due on my student's account/bill and he/she will be responsible for the balance due. Failure to pay may result in a hold on his/her account.
- I am aware that increases made after 90 days of my initial PLUS loan application may result in an additional credit check by Direct Loans.

Parent Borrower Signature

Date

