



Parent PLUS Loan Adjustment Request Form 2024-2025

The purpose of this form is to request an increase, decrease or cancel a previously applied for and awarded Parent PLUS loan. This is not a Parent PLUS loan application. Parents must apply for the Parent PLUS loan at <https://studentloans.gov>.

Only the borrower of the Parent PLUS loan may request changes be made to the Parent PLUS loan.

STUDENT NAME	LINCOLNU ID #
PARENT (BORROWER) NAME	BORROWER PHONE NUMBER

INCREASE LOAN

Please offer the maximum Stafford loan eligibility for the entire academic year or as specified below:

Fall Semester 2024 (August 22- December 10, 2024) \$ <input type="text"/>	Spring Semester 2025 \$ <input type="text"/> (January 17- May 6, 2025)	Summer Semester 2025 \$ <input type="text"/> (May 31- July 26, 2025)
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I understand:

Initials

1. Loan increase amount cannot exceed the student's Cost of Attendance; and
2. Signing this form constitutes an acceptance of any additional loan request.

REDUCE/ CANCEL LOAN

I would like to **REDUCE** my Parent PLUS Loan by the exact dollar amount below per semester:

I would like to **CANCEL** my Parent PLUS Loan by the exact dollar amount below per semester:

Fall Semester 2024 \$ <input type="text"/> (August 22- December 10, 2024)	Spring Semester 2025 \$ <input type="text"/> (January 17- May 5, 2025)	Summer Semester 2025 \$ <input type="text"/> (May 31- July 26, 2025)
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Reason for reduction/cancelation:

By signing this form you agree, if asked, to provide information that will verify the accuracy of the form. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Borrower'st Signature & Date

Print your Name and Student ID Number on ALL Documents ■ Return this form with all documents attached to:
Student Financial Services ■ 820 Chestnut St., 103 Young Hall ■ Jefferson City, MO. 65101
By Fax ■ (573) 681- 5871