

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634

HTTPS://FINANCIALAIDPORTAL.APPS.CMICH.EDU

2022-2023 PARENT (PLUS) FEDERAL LOAN ADJUSTMENT FORM

Please complete the appropriate sections below, sign, and return to the above address or fax number.

STUDENT INFORMATION:					
		- 			
Student Name (please print)		Campus ID N	umber		
PARENT INFORMATION:					
Parent Name (please print)		Last 4 digits of Social Security Number			
Birth Date Phone Number				_	
Parent Signature			 Date		
REQUEST TO INCREASE, DECREASE, CANCEL PARENT LOAN TO THE FOLLOWING AMOUNT:					
Write the desired dollar ar	nount in the appropriate b	oxes of each (as you woul	d like your student's awa	rd package to look).	
Type of Loan	Fall		Spring		
	Current Amount:	Revised Amount:	Current Amount:	Revised Amount:	
Parent (PLUS) Loan:					
Parent (PLOS) Loan.					
Lunderstand that a reduct	ion in my loan may result	in a halance due on my s	tudent's account/hill and	d we will be	
I understand that a reduct	•	•			
I understand that a reduct responsible for the balance	•	•			
	e due. Failure to pay may	•			
responsible for the balance	e due. Failure to pay may	result in late fees and the	e placement of a hold on	my student's account.	
responsible for the balance	e due. Failure to pay may Please init JCE MY PARENT (PLUS) FE	result in late fees and the	e placement of a hold on	my student's account.	