

## 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

## 2023-2024 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	Campus ID Number			
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 an	nount in the appropriate	boxes of each (as you wou	ld like your student's awa	ard package to look).	
Type of Loan	Fall		Spring		
	Current Amount:	Revised Amount:	Current Amount:	Revised Amount:	
Parent (PLUS) Loan:					
I understand that a reduction in my loan may result in a balance due on my student's account/bill and we will be responsible for the balance due. Failure to pay may result in late fees and the placement of a hold on my student's account.					
Please initial here					
REDUCE MY PARENT (PLUS) FEDERAL LOAN (Check attached – made payable to CMU)					
OTHER SPECIAL INSTRUCTIONS:					