



OFFICE OF SCHOLARSHIPS AND FINANCIAL AID
 STUDENT SERVICE COURT, MOUNT PLEASANT, MI 48859
 PHONE: (989) 774-3674; TOLL FREE: 1-888-392-0007
 WWW.FINANCIALAID.CMICH.EDU; FAX: (989) 774-3634
 FOR SECURITY PURPOSES PLEASE DO NOT EMAIL

2018-2019 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 Number

PARENT INFORMATION: (Parent information must match that of the parent who applied for the Parent PLUS loan)

 Parent Name (please print)

 Last 4 digits of Social Security Number

 Birth Date

 Phone Number

 Parent Signature

 Date

REQUEST TO INCREASE/DECREASE/CANCEL MY PARENT LOAN TO THE FOLLOWING AMOUNT

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 _____

Type of Loan	Fall		Spring	
	Current Amount:	Revised Amount:	Current Amount:	Revised Amount:
Parent (PLUS) Loan:				

REPAY MY PARENT PLUS LOAN (Check attached – made payable to CMU)

OTHER SPECIAL INSTRUCTIONS: