

## Financial Aid and Scholarships PLUS Loan Adjustment/Cancel Form

2024-2025

udent's Name	SSN/ID#	
rent Name (Borrower)	SSN/ID#	
rent Email (Borrower)	Parent Borrower Phone #	
lease complete this form if you are requesting	g changes to your 2024-2025 federal Parent PLUS loan.	
Your requested loan amounts may be a regulations.	adjusted based on your student's cost of attendance to comply with federal	
	quire the original credit decision to still be active (credit expires 180 days after approved with an endorser, you must apply for a new PLUS loan.	
term only, please provided clarification	demic year (fall and spring terms). If you would like to adjust your loan for one in the comments section below. If your request cannot be completed, Financial your student for additional information.	
Any updates and adjustments can be vi	lewed by your student in MyCCU.	
• Please allow 5-10 business days for pro	ocessing. Processing may be longer during peak periods.	
authorize Coastal Carolina University to adju	st my Federal Parent PLUS loan on my student's account for the academic year.	
Please select one of the following:		
☐ <b>Reduce</b> my Parent PLUS loan by	y \$ Total amount of loan after reduction \$	
*********	***** OR **********	
☐ Increase my Parent PLUS loan b	by \$ Total amount of loan after increase \$	
	***** OR ***********	
☐ Reinstate my Parent PLUS loan		
<del>-</del>	10 5	
	Increase or Reinstate to maximum Cost of Attendance.	
***************	**************************************	
☐ Cancel my Parent PLUS loan		
·	inless you are requesting an adjustment for one term only)	
, i	y, please specify the term: □ Fall □ Spring □ Summer	
	<del></del>	

By signing this form, I agree to all terms listed above. I understand that my loan(s) will be adjusted for the full academic year unless otherwise requested. I also understand that I and/or my student may be contacted for additional information if clarification is required or my request cannot be processed.

Parent Borrower Signature	Date	