

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Request for Parent PLUS Loan Adjustment
Summer 2024**

Student's Name _____

Winthrop ID Number _____

Parent Borrower's Name _____

NOTE: In order to process your request, this form must be received by the Office of Financial Aid no later than August 1, 2024.

Check one of the following for Summer 2024:

REDUCE LOAN: I wish to reduce my Parent PLUS loan(s) to the following amount: \$ _____

CANCEL LOAN: I wish to cancel my Parent PLUS loan(s).

LOAN AMOUNT: I was notified by the Office of Financial Aid that I left the loan amount blank on my Parent PLUS loan application. I would like to borrow:
\$ _____.

(do not complete choose this option unless instructed by the Office of Financial Aid)

By signing below, I authorize the Office of Financial Aid to make the changes I have requested above. If I have requested a cancellation of a loan that has already credited to my student's account, I understand that my student is responsible for paying the balance owed to Winthrop University if a balance results from my request.

Parent Borrower's Signature _____

Date _____