

## Financial Aid Office

1032 West Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60660  
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



*Preparing people to lead extraordinary lives*

### 2024-2025 Parent PLUS Adjustment Request

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

If reducing or cancelling a loan, this form must be submitted no later than 30 days after disbursement. We will process the change and send the funds back to the lender on your behalf. **Note: Reducing or cancelling a loan after it has disbursed may result in a balance on your account.** All amounts should be gross amounts before origination fees are removed. For more information about the PLUS loan and origination fees, please visit <https://studentaid.ed.gov/sa/types/loans/plus/parent>

#### Decrease PLUS Loan (choose 1)

- Cancel entire loan  
 Reduce entire loan to \$ \_\_\_\_\_  
 Reduce loan amount to:     Fall \$ \_\_\_\_\_     Spring \$ \_\_\_\_\_     Summer \$ \_\_\_\_\_

If reducing or cancelling a loan, this form must be submitted no later than 30 days after disbursement. We will process the change and send the funds back to the lender on your behalf. **Note: Reducing or cancelling a loan after it has disbursed may result in a balance on your account.** All amounts should be gross amounts before origination fees are removed. For more information about the PLUS loan and origination fees, please visit <https://studentaid.ed.gov/sa/types/loans/plus/parent>

#### Increase PLUS Loan (choose 1)\*

- Increase entire loan to \$ \_\_\_\_\_  
 Increase loan amount to:     Fall \$ \_\_\_\_\_     Spring \$ \_\_\_\_\_     Summer \$ \_\_\_\_\_

\*Please include existing plus additional loan amount.

I understand that rejected loan awards cannot be replaced with grant assistance. I understand that I am responsible for all educational expenses not covered by other financial aid programs. I understand that previously reduced or cancelled awards will be reinstated only if requested before the end of the term.

*By signing this form, I authorize Loyola University Chicago to submit a new application that will run a credit check to the Department of Education on my behalf if my credit decision has expired*

\_\_\_\_\_  
Parent (Borrower) Signature\*

\_\_\_\_\_  
Date

\*Typed and digital signatures are not acceptable

RD\_P 2025