



Office of Student Financial Aid

Name _____ KSU ID# _____ Phone # _____

Parent who applied for the PLUS Loan _____

This form will be used to document the following action: **reduce or cancel** previously accepted Parent PLUS Loans that have not generated a refund.

If you wish to **increase** the amount of your PLUS Loan, your parent must re-apply for the additional loan amount through www.studentloans.gov.

Decrease my existing Parent PLUS Loan by \$ _____ for the:

- Fall 2016 Semester
- Spring 2017 Semester
- Fall/Spring (amount will be divided evenly)
- Summer 2017 Semester

I request my Parent PLUS Loan be cancelled for the:

- Fall 2016 Semester
- Spring 2017 Semester
- Fall/Spring
- Summer 2017 Semester

Terms and Conditions

- I understand that any changes made to my loan(s) may result in 2-3 weeks processing time.
- I understand that if I am cancelling or reducing my loan(s), I am still responsible for any charges owed to KSU that would have been covered by my loan(s) and if funds have already been disbursed, I may be required to return the funds directly to my lender.
- I understand, per federal regulations, my loan(s) will have an origination fee taken out prior to the disbursement of my loan.

By signing below, I am agreeing to the above Terms and Conditions and am authorizing the Office of Student Financial Aid to make the requested change(s).

Student Signature

Date

Parent (Borrower) Signature

Date