

2025-2026
PLUS Loan Change Request



Complete Form & Return via:
Mail: Financial Aid Office
 9201 University City Blvd.
 Charlotte, NC 28223
 or
On Campus: Niner Central, 380 Cone Center

Student Name: _____ Student ID: _____

Email: _____ Phone: _____

	<u>Fall Semester</u>	<u>Spring Semester</u>
Parent PLUS Loan	Cancel OR Decrease to \$ _____ Term Total	Cancel OR Decrease to \$ _____ Term Total
Graduate PLUS Loan	Cancel OR Decrease to \$ _____ Term Total	Cancel OR Decrease to \$ _____ Term Total

I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. **Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.**

Parent/Graduate: _____ Date _____

Parent/Graduate: _____