2024-2025 Summer PLUS Loan Change Request



Complete Form & Return via: <u>Mail:</u> Financial Aid Office 9201 University City Blvd.

Charlotte, NC 28223

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On Campus: Niner Central, 380 Cone Center

Student Name:	Student ID:
Email:	Phone:
PLUS Loan Type	<u>Summer Semester</u>
	Increases will not be processed without a PLUS increase application
	□ Cancel
Parent PLUS Loan	OR
	Decrease to \$
	□ Cancel
Graduate PLUS Loan	OR
	☐ Decrease to \$ Term Total
accurate. I understand that additional informa missing, unclear, or insufficient, or if additiona	rmation I have reported to qualify for federal student aid is complete and tion may be required if this form is incomplete, if documentation is I questions arise based on the information provided. Warning: According urposely give false or misleading information on form, you may be ment for up to 5 years, or both.
Parent/Graduate Student signature	
Parent/Graduate Student printed name	