

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Request for Parent PLUS Loan Adjustment
2019-2020**

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 November 25, 2019 for fall loans and April 15, 2020 for spring loans.

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

For the loan period indicated below: (check only one)

2019/2020 Fall 2019 only Spring 2020 only

CANCEL LOAN: I wish to cancel my Parent PLUS loan(s) for the following loan period:

For the loan period indicated below: (check only one)

2019/2020 Fall 2019 only Spring 2020 only

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 _____

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www.winthrop.edu/finaid