

**WINTHROP UNIVERSITY  
OFFICE OF FINANCIAL AID**

**Request for Parent PLUS Loan Adjustment  
2018-2019**

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Student's Name \_\_\_\_\_

Winthrop ID Number \_\_\_\_\_

Parent Borrower's Name \_\_\_\_\_

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**NOTE:** In order to process your request, this form must be received by the Office of Financial Aid no later than December 3, 2018 for fall loans and April 15, 2019 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)

2018/2019       Fall 2018 only       Spring 2019 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)

2018/2019       Fall 2018 only       Spring 2019 only

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*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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