

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Request for Parent PLUS Loan Adjustment
Summer 2019**

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 August 1, 2019 for summer loans.

Choose One:

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

CANCEL LOAN: I wish to cancel my Parent PLUS loan(s) for summer 2019

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*