

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Request for Parent PLUS Loan Adjustment
2025-2026**

Student's Name _____

Winthrop ID Number _____

Parent Borrower's Name _____

Parent Borrower's Email address Listed on PLUS Application _____

NOTE: In order to process your request, this form must be received by the Office of Financial Aid no later than November 20, 2025 for fall loans and April 11, 2026 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)

2025/2026 Fall 2025 only Spring 2026 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)

2025/2026 Fall 2025 only Spring 2026 only

CHANGE TERMS: I wish to change my fall/spring Parent PLUS loan(s) to one term (check only one):

Change fall 2025/spring 2026 to FALL 2025 only Change fall 2025/spring 2026 to SPRING 2026 only

*Note –You may not have enough room in your one term Cost of Attendance for entire loan amount. Recommend you talk with a Financial Aid Counselor before choosing this option. Also note, you **cannot** choose this option once your loan has paid to student account.*

LOAN AMOUNT: I was notified by the Office of Financial Aid that I left the loan amount blank on my Parent PLUS loan application. I would like to borrow:

\$ _____

(Do not complete this section unless instructed by the Office of Financial Aid)

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 _____

*Sykes House, 638 Oakland Ave, Rock Hill, SC 29733
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www.winthrop.edu/finaid*