

**WINTHROP UNIVERSITY  
OFFICE OF FINANCIAL AID**

**Request for Parent PLUS Loan Adjustment  
Summer 2026**

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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 August 3, 2026.

**Check one of the following for Summer 2026:**

**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).

**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 choose this option unless instructed by the Office of Financial Aid)*

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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 \_\_\_\_\_