



OFFICE OF FINANCIAL AID
9201 University City Blvd.
Charlotte, NC 28223-0001
Phone: 704-687-5504
Fax: 704-687-1461

2017-2018 Federal Direct Parent/Graduate Loan Change Request

Student Name: _____ Student ID #: _____
First Last

Email: _____ Phone: (____) _____

Parent PLUS Loan

- Reduce** my loan to \$ _____
Check only one: Fall Spring Both Fall and Spring
- Cancel** my loan for the loan period indicated below:
Check only one: Fall Spring Both Fall and Spring

Graduate PLUS Loan

- Reduce** my loan to \$ _____
Check only one: Fall Spring Both Fall and Spring
- Cancel** my loan for the loan period indicated below:
Check only one: Fall Spring Both Fall and Spring

By signing this form, I authorize the Office of Financial Aid to make the changes that I have requested above. If I have requested a cancellation of a loan that has already credited to my account, I understand that I am responsible for paying the balance owed to UNC Charlotte if a balance results from my request.

Parent/Graduate Student Signature: _____ Date: _____

Parent/Graduate Student Printed name: _____