



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

### 2016-2017 Federal Direct Parent/Graduate Loan Change Request

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
First Last

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month / Year

#### 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: \_\_\_\_\_