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

2017 Summer
Federal Direct Parent/Grad PLUS Loan Change Request

Student Name:_____ Student ID #: _____
First Last

Email: _____ Phone: (_____) _____

Parent PLUS Loan

☐ **Reduce** my loan to $ _____
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only
☐ Both Summer Sessions I & II

☐ **Cancel** my loan for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only
☐ Both Summer Sessions I & II

Graduate PLUS Loan

☐ **Reduce** my loan to $ _____
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only
☐ Both Summer Sessions I & II

☐ **Cancel** my loan for the loan period indicated below:
Check only one: ☐ Summer Session I Only ☐ Summer Session II Only
☐ Both Summer Sessions I & II

By signing this form, I authorize the UNC Charlotte Office of Financial Aid to make the changes that I have requested above. If I have requested a reduction or cancellation of a loan that has already credited to my/my student's 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: _____