

## Financial Aid Office

1032 West Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60660  
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



### 2026-2027 Parent PLUS Adjustment Request

*Preparing people to lead extraordinary lives*

Student Name: \_\_\_\_\_  
(Please print)

Loyola ID: \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

If reducing or canceling a loan, this form must be submitted no later than **30 days** after disbursement. We will process the change and send the funds back to the lender on your behalf. **Note: Reducing or canceling a loan after it has been disbursed may result in a balance on your account.** All amounts should be gross amounts before origination fees are removed. For more information about the Parent PLUS loan and origination fees, please visit <https://studentaid.gov/understand-aid/types/loans/plus/parent>

#### Decrease PLUS Loan (choose 1)

- Cancel entire loan  
 Reduce entire loan to \$ \_\_\_\_\_  
 Reduce loan amount to:     Fall \$ \_\_\_\_\_     Spring \$ \_\_\_\_\_     Summer \$ \_\_\_\_\_

All increase requests must be submitted before the last business day before the end of the semester. When requesting an increase, be sure to include the amount that has already been awarded plus the new amount being requested. All amounts should be gross amounts before origination fees are removed. For more information about the Parent PLUS loan and origination fees, please visit <https://studentaid.gov/understand-aid/types/loans/plus/parent>

#### Increase PLUS Loan (choose 1)

- Increase entire loan to \$ \_\_\_\_\_  
 Increase loan amount to:     Fall \$ \_\_\_\_\_     Spring \$ \_\_\_\_\_     Summer \$ \_\_\_\_\_

*By selecting a Parent PLUS Loan increase and signing this form, I authorize Loyola University Chicago to submit a new request for additional Parent PLUS Loans to the Department of Education on my behalf only if my credit decision has not expired.*

I understand that rejected loan awards cannot be replaced with grant assistance. I understand that I am responsible for all educational expenses not covered by other financial aid programs. I understand that previously reduced or canceled awards will be reinstated only if requested before the end of the semester.

\_\_\_\_\_  
Parent (Borrower) Signature\*

\_\_\_\_\_  
Date

*\*Typed and digital signatures are not acceptable*

RD\_P 2027