

<b>Student Name</b>	<b>ID #</b>
---------------------	-------------

Please complete form in blue or black ink. Incomplete forms will not be accepted.

**INSTRUCTIONS:** Indicate how you would like the Parent PLUS loan adjusted by checking the appropriate box. **Form must be received at least two weeks prior to the end of each semester.**

**CANCEL\*** the entire Parent PLUS Loan.

Please indicate for which semester(s) to cancel:

- Fall
- Spring
- Fall/Spring
- Summer

*\*Cancelling the entire loan may create a balance due on your student's account.*

**REDUCE** the Parent PLUS Loan. Please indicate which semester to decrease and specify the new total amount:

- Fall                 \$ \_\_\_\_\_
- Spring             \$ \_\_\_\_\_
- Fall/Spring       \$ \_\_\_\_\_
- Summer            \$ \_\_\_\_\_

**REDUCE** the Parent PLUS Loan to create a **ZERO** balance on student's account for current semester. I **DO NOT** want excess aid (a refund check) to occur from the Parent PLUS loan.

**INCREASE** the Parent PLUS loan. Please indicate which semester to increase and specify the new total amount:

- Fall                 \$ \_\_\_\_\_
- Spring             \$ \_\_\_\_\_
- Fall/Spring       \$ \_\_\_\_\_
- Summer            \$ \_\_\_\_\_

**All requests will be reviewed by the Financial Aid Office to determine if student is eligible for changes.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

**RETURN FORM TO:**  
 Lake Superior State University  
 Financial Aid Office  
 650 West Easterday Avenue  
 Sault Ste. Marie, MI 49783  
 Fax: 906-635-6669  
 E-mail: [finaid@lssu.edu](mailto:finaid@lssu.edu)  
 PPLADJ - A5