

Student Name	ID #
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Please complete form in blue or black ink. Incomplete forms will not be accepted. **Form must be completed by the parent borrower.**

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	Fall/Spring
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
 PPLADJ - A5