



LNCHG

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Before changing loan funds, please ensure that you understand the following:

- x If your loan has been partially or fully disbursed to your account, removing loan funds may result in a balance due to the University.
- x If your loan has been disbursed for more than 30 days, you are unable to reduce your loan(s)

Parent loan reduction request		
Semester/year _____	Amount: \$ _____	Loan: _____
Semester/year _____	Amount: \$ _____	Loan: _____
Parent loan increase request:		
Semester/year _____	Amount: \$ _____	Loan: _____
or [ ] Cover balance only		
Notes: _____		
_____		
_____		
Parent refund change request:      [ ] Refund to Student      [ ] Refund to Parent		
Parent name and signature: _____ Date: _____		
(Required if increasing Parent PLUS Loan or changing refund choice)		