University of the Incarnate Word
Office of Financial Assistance
Parent PLUS Loan Change Request

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LNCHG

This form may ONLY be filled out by the parent who borrowed the Parent PLUS Loan.

Requests submitted by a student or a different parent will not be processed.

Student Name:_____ Student ID:_____

Parent Name:_____ Parent Date of Birth:_____

Parent Address:_____ City:_____ State:_____ Zip:_____

Parent Email:_____ Last 4 of Parent SSN:_____

Before requesting a change in loan funds, please ensure that you understand the following:

- If your loan has been partially or fully disbursed, removing or reducing loan funds may result in a balance due to UIW.
- If your loan has been disbursed for more than 14 days, UIW is not obligated to honor your request to reduce or cancel funds. However, it is our policy to accommodate your request whenever federal regulations allow it.
- Once funds have been closed out and reconciled for an aid year, no further changes will be processed.

Loan Change Details

Are you requesting an increase, or a decrease? ◯ Increase ◯ Decrease

If you are requesting an increase, are you requesting only enough to cover the balance?

◯ Yes, cover balance only ◯ No

What **amount** do you want to add/remove from the loan? _____

*Note: The amount above is a "**net**" amount. Due to loan origination fees, gross adjustment amounts will be slightly different from the amount above to generate the actual amount requested.*

Which **semester** and **year** should the change be applied to? ◯ Fall_____ ◯ Spring_____ ◯ Summer_____

Optional – to change the recipient of any PLUS Loan refund, please check the option you want below:

◯ Refund to parent ◯ Refund to student

Please include any notes that will help us process your request (optional):

Parent Signature:_____ Date:_____