Student Name: ___________________________________________  Student ID: __________________

Email: ___________________________________________________  Phone: __________________________

Parent PLUS Loan

☐ Reduce my loan to $ ___________________

    Check only one:  ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

☐ Cancel my loan for the loan period indicated below:

    Check only one:  ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

Graduate PLUS Loan

☐ Reduce my loan to $ ___________________

    Check only one:  ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

☐ Cancel my loan for the loan period indicated below:

    Check only one:  ☐ Fall  ☐ Spring  ☐ Both Fall and Spring

I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

________________________________________________________________________

Parent/Graduate Student signature  Date

________________________________________________________________________

Parent/Graduate Student printed name