

# PLUS Loan Adjustment Form

**Return to:**

California University of PA  
Financial Aid Office  
250 University Avenue  
California, PA 15419-1394  
Fax: 724-938-4551

Student's Name \_\_\_\_\_ CWID \_\_\_\_\_

Borrower's Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Please select loan term for adjustment:

Full academic year  Fall ONLY  Spring ONLY

## REQUEST TO INCREASE PLUS LOAN

Please INCREASE my Federal Direct PLUS Loan by the amount below

\$ \_\_\_\_\_

## REQUEST TO REDUCE PLUS LOAN

Please reduce my Federal Direct PLUS Loan to the amount below

\$ \_\_\_\_\_

## REQUEST TO CANCEL PLUS LOAN

Please cancel my Federal Direct PLUS Loan for the **Fall** Semester.

Please cancel my Federal Direct PLUS Loan for the **Spring** Semester.

Borrower  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Office Use:**

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

Keystone:  Yes  No