

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 2011** Semester.

Please cancel my Federal Direct PLUS Loan for the **Spring 2012** Semester.

Borrower
Signature _____ Date _____

Telephone Number: _____

Office Use:
Entered by: _____
Date: _____
Keystone: Yes No