

2019-2020 Federal Parent PLUS Loan Change Request

Student Name (Print please)	Student ID
academic year cost of attendance. Approval for the application submitted online to the U.S. Departmen applicant for the federal Parent PLUS loan, and log i	for the federal Parent PLUS loan for the current academic year, up to the federal Parent PLUS loan is based on the credit history of the parent by t of Education at https://studentloans.gov. The parent must be the n using the parent FAFSA User ID. The 2019-2020 academic year FAFSA is at academic year and the student must be enrolled. All requirements must religibility.
eligibility, current enrollment, academic year cost of federal loan aggregate limits, and other U.S. Depart	pproved Parent PLUS Loan based on the student's: academic year f attendance, academic year federal loan eligibility, eligible grade level, ment of Education federal regulations and laws that govern eligibility and complete all Parent PLUS loan documentation related to the credit review quired. It is completed at https://studentloans.gov.
paid, any change or cancelled has to be submitted	e made before the loan is paid to the student's account. After the loan is within 14 days from the date the loan is paid. If the federal loan funds ady been credited/paid to the student's account at the time this form is resulting balance or status to the account.
•	anges can only be made to a loan amount already approved, and the loan ust be based on the approved gross amount of the loan. Cents are not
I (the parent PLUS loan borrower) am requesting a	change to my federal PLUS loan for the current academic year period:
\Box Fall 2019 and Spring 2020 (before March 31) ☐ Fall 2019 (before October 31)
☐ Spring 2020 (before March	□ Summer 2020 (before June 30)
☐ Please <u>reduce</u> my Parent PLUS loan from the ma	ximum amount to \$
☐ Please <u>reduce</u> my Parent PLUS loan from \$	to \$
☐ Please <u>cancel</u> my Parent PLUS loan.	
regulations/laws and requirements for federal Par	Services to make the requested loan change. I acknowledge all federal ent PLUS loan eligibility. I understand I am solely responsible for any ed on this request. I understand that payment for all charges is due to
Parent Name (Print please)	Parent Signature Date

Submit this form to the Office of Financial Aid Services in person (to 1M16 Wabash/Mezzanine Floor) or by email (to fas@roosevelt.edu) or by fax (to 312-341-3545).

RRAAREQ CODE: LOANRQ