DePaul University

Office of Financial Aid at DePaul Central

2019-2020 Request to Reduce/Cancel Federal Direct Parent PLUS Loans

DePaul Central Locations:

DePaul Center, Suite 9100 1 East Jackson Boulevard Chicago, Illinois 60604 (*If you mail this form, please use this address*)	Schmitt Academic Center, Suite 101 2320 North Kenmore Avenue Chicago, Illinois 60614

Telephone (312) 362-8610 Fax (312) 362-5748

This form may be faxed, mailed, or submitted using our secure document upload website:
wdat.is.depaul.edu/FAUpload/default.aspx

Student Name	Student ID	Parent (Borrower) Name

If your parent would like to reduce, reallocate or cancel his/her Federal Direct Parent PLUS Loan, he/she may do so by completing and submitting this form to the Office of Financial Aid. **If the loan has been partially or entirely disbursed, please contact our office prior to submitting this form since we are limited in our ability to adjust your loan.** In order to allow sufficient time for processing, please submit this form no later than 10 business days before the end of the academic term. Our office may contact you to clarify your request.

Decrease – only applies to future disbursements

☐ Decrease my PLUS Loan to the total amount of $ _____.00.

Please check the term(s) and indicate the **gross** loan amount(s) for the request noted above:

☐ Autumn term amount _____ ☐ Winter term amount _____ ☐ Spring term amount _____

Reason for Decrease:_____

Reallocate

☐ Reallocate my PLUS Loan

Please note: You may request to reallocate funds from one term only if you have additional tuition expenses and/or DePaul-sponsored study abroad expense.

Please check the term(s) and indicate the **gross** loan amount(s) for the request noted above:

☐ Autumn term amount _____ ☐ Winter term amount _____ ☐ Spring term amount _____

Reason for Reallocation:_____

Cancellation

☐ Cancel unpaid disbursements

☐ Cancel entire loan (including paid disbursements). **I understand that the cancelation of my loan may result in a balance due on my student's account/bill and he/she will be responsible for the balance due. Failure to pay may result in a hold on his/her account.**

By signing this form, I am authorizing the Office of Financial Aid to make the above changes.

_____ _____

Parent (Borrower) Signature* **Date**

_____

Parent phone number

***Typed and digital signatures are not acceptable**