



DePaul University
Office of Financial Aid at DePaul Central
2020-2021 Request to Reduce/Cancel Federal Direct Parent PLUS Loans

DePaul Central Locations:

DePaul Center, Suite 9100 1 East Jackson Boulevard Chicago, Illinois 60604 (Mailing address)	Schmitt Academic Center, Suite 101 2320 North Kenmore Avenue Chicago, Illinois 60614
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Ph: (312) 362-8610 | Fx: (312) 362-5748 | Secure document upload: wdat.is.depaul.edu/FAUupload/default.aspx
 To protect your personal information, please do not email documents.

DePaul Student Name	Student ID	Parent (Borrower) Name
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If your parent would like to reduce, reallocate or cancel his/her Federal Direct Parent PLUS Loan, he/she may do so by submitting this form to the Office of Financial Aid. Contact our office before canceling or reducing a loan that has already disbursed to your student account. **Reducing or canceling a loan after it has disbursed may result in a balance on your student's account.** All amounts should be requested as a gross loan amount – the total before origination fees are removed. Submit this form no later than 10 business days before the end of the academic term to allow sufficient processing time and provide a daytime phone number in the event our office needs to contact you.

Reduce

Reduce my PLUS Loan to the total amount of \$ _____ .00. *Loan disbursements are evenly split for the award year.*

Reduce my PLUS Loan for these specific term(s) to a **gross** loan amount (see note above):
 Autumn \$ _____ .00 Winter \$ _____ .00 Spring \$ _____ .00 Summer \$ _____ .00

Reduce my PLUS Loan by the amount of my refund of \$ _____ issued for (check term below):

Autumn Winter Spring Summer term.

Reason for Decrease: _____

Re-allocate

Re-allocate my PLUS Loan

Note: Loan funds may only be re-allocated to a different term if your student has additional tuition expenses and/or a DePaul-sponsored study abroad expense.

Check the term(s) and indicate the **gross** loan amount(s) that you want re-allocated:

Autumn \$ _____ .00 Winter \$ _____ .00 Spring \$ _____ .00

Reason for Reallocation: _____

Cancelation

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. This balance may result in a hold on his/her student account if a payment or payment arrangements are not made.**

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

 Parent (Borrower) Signature*

 Date

 Parent day-time phone number

*Typed and digital signatures will not be accepted.