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.

<table>
<thead>
<tr>
<th>DePaul Student Name</th>
<th>Student ID</th>
<th>Parent (Borrower) Name</th>
</tr>
</thead>
</table>

**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 cancellation 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.*