



2024-2025 Federal PLUS Loan Adjustment Request Form

Please complete this form if you wish to reduce, increase or cancel your current Federal PLUS Loan. By completing and signing this form, you authorize the College of Southern Maryland to change your requested loan amount with the U.S. Department of Education.

This form must be returned within fourteen days of receipt to ensure we comply with your intent to adjust the amount of your Federal PLUS Loan.

PARENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number/ Student ID _____

_____ Please **reduce** my Federal PLUS Loan to a **total** _____ for
of 2024-2025 academic year.

_____ Please **increase** my Federal PLUS Loan to a **total** _____ for
of 2024-2025 academic year.

_____ Please cancel the entire Federal PLUS Loan that was offered in my Financial Aid
Notification. I am declining my Federal PLUS Loan.

Parent Signature _____ Date _____
(Handwritten)

Student Signature _____ Date _____
(Handwritten)