



COLLEGE of SOUTHERN MARYLAND

2026-2027 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.

STUDENT INFORMATION

Last Name: _____ First: _____ Middle Initial: _____

Social Security Number/ Student ID: _____

PARENT INFORMATION

Last Name: _____ First: _____ Middle Initial: _____

Social Security Number: _____

_____ Please **reduce** my Federal PLUS Loan to a **total** of \$ _____
for the 2026-2027 academic year.

_____ Please **increase** my Federal PLUS Loan to a **total** of \$ _____
for the 2026-2027 academic year.

_____ Please **cancel** the entire Federal PLUS Loan that was offered.
We are declining the Federal PLUS Loan for the 2026-2027 academic year.

Student Hand Signature _____ Date _____

Parent Hand Signature _____ Date _____