

OFFICE OF STUDENT FINANCIAL SERVICES

Date:

Supplemental Financial Aid Information

Direct PLUS Adjustment Form Student Name: _____ CWID:_____ I am requesting this for: _____ Academic Year Fall & Spring Fall only Spring only Summer ☐ Cancel entire loan ☐ Decrease loan I am requesting a net decrease in the Direct PLUS Loan in the amount of: \$ New loan total will be: \$ _____ (Net amount after loan fees) The Office of Student Financial Services will decrease/cancel the Direct PLUS loan according to what is indicated above. A revised award notification will be sent to the student's Marist email account once the cancellation/decrease has been completed. A decrease/cancellation of all or a portion of the loan may result in a tuition liability. Print Parent Name Parent Signature _____ Date: _____

Student Signature _____