Office of Student Financial Services
SOUTHWESTERN ADVENTIST UNIVERSITY

Personally Identifiable Information

LOAN CHANGE FORM (Parent PLUS) **2017-2018**

Parent's Name (please print)_____

Student's Name (please print)_____

Student's ID# _____

Initial Funds Request
Indicate the total amount you want to borrow through the Federal PLUS Loan $_____

Semester(s) $_____ $_____ $_____
Fall Spring Summer

Additional Funds Request (add to my initial 17-18 PLUS Loan)
Federal Parent PLUS Loan $_____

Fall $_____ Spring $_____ Summer $_____

Cancellation Request
Reduce/cancel my Parent PLUS Loan by $_____

Fall $_____ Spring $_____ Summer $_____

Signature _____ Date _____