



STUDENT NAME: \_\_\_\_\_  
WIN: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**WMU Student Financial Aid**  
1903 W Michigan Ave  
Kalamazoo MI 49008-5337  
(269) 387-6000  
finaid-info@wmich.edu

## 2020-21 PARENT PLUS ADJUSTMENT

**Note:** This form must be received in our office at least **30 days** prior to student's last date of enrollment for 2020-21. A revised offer notice will be emailed to the student if the changes indicated below affect offer amounts.

I want to **REDUCE, CANCEL** or **REINSTATE** my Federal Direct Parent PLUS Loan.\*\*

\_\_\_\_ **Cancel** entire Federal Direct Parent PLUS Loan.

\_\_\_\_ **Reduce** my Federal Direct Parent PLUS Loan down to:

Amount \$ \_\_\_\_\_ Semester: \_\_\_\_\_ Summer II \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I

\_\_\_\_ **Reinstate** my Federal Direct Parent PLUS Loan application which was canceled due to adverse credit. I have taken the necessary steps to obtain a creditworthy endorser, or I have appealed the original credit decision.

**\*\* Please note:** You can cancel or reduce federal loans that have not disbursed to your WMU account. You may also cancel or reduce your federal loans after they have disbursed. However, if they have disbursed, this request must be received within **30 days** of the date of disbursement. Canceling or reducing a disbursed loan may result in a balance due on your student's WMU account.

Your request to reinstate a canceled loan due to adverse credit must be received in our office no later than **45 days** after the date of the original credit decision, but prior to the end of the semester for which the Federal Direct Parent PLUS Loan was requested.

\_\_\_\_ I want to **provide an amount** to borrow for the Federal Direct Parent PLUS Loan.

You applied for the Federal Direct Parent PLUS Loan through studentaid.gov. The Office of Student Financial Aid needs to know the amount that you would like to borrow so we can continue the processing of your loan.

Maximum Amount \_\_\_\_\_ Specific Amount \$ \_\_\_\_\_

PARENT DAYTIME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include the student's name and WIN on all pages. Missing information may delay the processing of financial aid.**