PPLUS

2024-2025 Parent Plus Loan Adjustment Form

Please submit the requests to reduce the loan prior to the date of crediting to your account or within 14 days of notification.

A. Parent Information

_____ _____ _____
Last Name First Name M.I.

_____ _____
Parent Email Address Parent Phone Number

B. Student Information

_____ _____ _____
Last Name First Name M.I.

_____ _____
Student Email Address CFK Student ID

C. Requesting a Decrease of Loan

- I want to decrease my Parent Plus Loan by $_____ for the term:

☐ Fall 2024 ☐ Spring 2025 ☐ Summer 2025

D. Certification and Signature

I certify that all information provided is true and correct to the best of my knowledge.

_____ _____
Parent Signature Date