

UNIVERSITY OF NEW MEXICO
STUDENT FINANCIAL AID OFFICE
PLUS DIRECT LOAN CHANGE REQUEST FORM

Student's Printed Name	UNM ID No.
Parent's Telephone No.	Parent's Email Address
Parent's Printed Name	Social Security No.

NOTE: THIS FORM MAY BE COMPLETED ONLY BY THE PARENT WHO COMPLETED THE PLUS LOAN REQUEST FORM.

IF THE STUDENT IS ATTENDING A BRANCH CAMPUS, PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT THE CAMPUS THE STUDENT IS ATTENDING.

IMPORTANT! If you wish to reduce or cancel your PLUS Loan, you must notify our office within 14 days after your PLUS Loan credits the student's account.

If you wish to **INCREASE** your loan, complete this section:

Please increase my PLUS loan by: \$ _____

If you wish to **CANCEL** your loan, please complete this section:

Please CANCEL my PLUS Loan for: **Fall** **Spring** **Summer**

If you wish to **REDUCE** your loan, complete this section:

Please REDUCE my PLUS Loan by: \$ _____

If you wish to **CHANGE** your loan period, complete this section:

Please CHANGE my PLUS Loan period to:

- Fall semester only
- Spring semester only
- Other (please specify) _____

Parent's Signature	Date Signed