



**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

### **LOAN REQUESTS**

**Federal Direct PLUS Loan:**

- Reduce** my previously accepted loan to the following amount \$ \_\_\_\_\_
- Increase** my loan. Additional amount requested \$ \_\_\_\_\_
- Reinstate** my previously declined loan for the following amount \$ \_\_\_\_\_
- Cancel** my loan

Please note that in order to modify your Federal Direct PLUS Loan, you must have an approved credit application from studentloans.gov in order for the modification to be processed. This credit check cannot be expired.

By signing this form, I authorize Student Financial Services at Chestnut Hill College to make the changes that I have requested above. I understand this request is for a loan that must be repaid. If I have requested a cancellation of a loan that has already credited my student account, I understand that I am responsible for paying the balance owed to Chestnut Hill College if applicable.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*If Graduate PLUS Loan**

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

**\*\*\*If Parent PLUS Loan**

Please return this worksheet to:  
Student Financial Services, 9601 Germantown Avenue, Philadelphia, PA 19118  
Fax: (215) 242-7705  
Email: [finaid@chc.edu](mailto:finaid@chc.edu)