

**Financial Aid Office**

9601 Germantown Ave, Philadelphia, PA 19118

Phone: (215) 248-7182 / Fax: (215) 242-7705

finaid@chc.edu

2025-2026 Parent Loan Change Request Form

STUDENT NAME: _____ CHC ID #: _____

Please complete this form if you wish to increase, reduce, reinstate, or cancel your Federal Direct Parent PLUS Loan. Your request can only be processed within the limits of current enrollment, academic year cost of attendance, academic year federal loan eligibility, grade level, federal loan aggregate limits and other U.S. Department of Education federal regulations and laws that govern eligibility and awarding. Change requests will be processed within 7-10 business days. Borrowers of federal student loans have the right to return all or a portion of their federal loan disbursements within 14 days of disbursement. **FOR BORROWING LIMITS, INTEREST RATES, VISIT: studentaid.gov**

PARENT BORROWER NAME: _____

SSN (Last four): XXX-XX-_____

Date of Birth: ____/____/____

A. I am requesting a change to my Federal Parent PLUS Loan for the following academic period: (Select all that apply)

☐ Fall 2025☐ Spring 2026☐ Summer 2026

B. I wish to change my loan period to (Select only one, if applicable)

☐ Fall 2025 ONLY☐ Spring 2026 ONLY☐ Summer 2026 ONLY☐ Fall 2025/Spring 2026☐ Fall 2025/Spring 2026/Summer 2026 (AADP ONLY)

C. Complete this section and the chart below if you wish to reduce, reinstate or increase your loan eligibility. Your current loan amount can be found on the financial aid award posted on the student's myCHC. *If you declined the Federal Parent PLUS Loan, and you wish to reinstate it, or increase your loan eligibility, you may need to complete a NEW credit check at studentaid.gov.*

Loan Type (select)	Current Amount (Gross Amount)	Please reduce my previously accepted loan to the following amount: (Gross Amount)	Please reinstate my loan for the following amount: (Gross amount)	I am requesting an increase to my loan for the following amount: (Gross Amount)
<input type="checkbox"/> Parent PLUS	\$ _____	\$ _____	\$ _____	\$ _____

D. Complete this section if you wish to **CANCEL** your loan:☐ I wish to fully cancel my Federal Direct Parent PLUS loan eligibility☐ I wish to cancel my Federal Direct PLUS Loan eligibility for fall only☐ I wish to cancel my Federal Direct PLUS Loan eligibility for spring only☐ I wish to cancel my Federal Direct PLUS Loan for summer only**(Please read and initial) By requesting a cancellation or reduction:**

_____ I understand that this request can be honored if made within 14 calendar days after the date of the PLUS loan disbursed to my student's CHC account.

_____ If it has been more than 14 days after the date the PLUS loan was disbursed to my student's CHC account, the Financial Aid Office cannot return any PLUS Loan funds. I will need to contact my lender directly to return the funds.

_____ If the PLUS Loan funds have already been applied to my student's account, the reduction/cancellation will result in a balance owed to CHC. I will monitor my student's account and am responsible for paying any balance due.

_____ If the PLUS Loan funds have been applied to my student's account and the refund check has been processed, I understand that I must use this refund to pay the open balance on my student's account because of this reduction/cancellation. I will monitor my student's account and am responsible for paying any balance due.

_____ If I would like a Parent PLUS Loan at a later date, my eligibility must be reevaluated based on Federal regulations which may require an additional credit check.

By signing this form with an original signature (e-signatures will not be accepted), I authorize Student Financial Services at Chestnut Hill College to make the changes that I have requested above, and I acknowledge federal regulations/laws and requirements for federal loan eligibility. I understand and agree that I am solely responsible for changes to my student billing based on my request for changes and I am responsible for paying any balance owed to Chestnut Hill College due to the loan change request (if applicable). **MUST BE SIGNED SIGN ORIGINAL SIGNATURE.**

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____



CHESTNUT
HILL
COLLEGE

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Please use myCHC Document Upload, mail, fax, or in-person to deliver your documentation to the Financial Aid Office.

DO NOT EMAIL THIS FORM!