COLLEGE of CHARLESTON
OFFICE OF FINANCIAL ASSISTANCE AND VETERANS AFFAIRS

Federal Parent PLUS Loan Change Form (PLCF)

_____
Print Student's Last Name, First, M.I. CofC ID#

Parent Borrower Information

Parent's SSN XXX-XX-_____ Parent's Email_____
Last four digits

Parent's Name _____, _____, _____
Last First MI

Federal Parent PLUS Loan Cancellation:

☐ I would like to have my Federal Parent PLUS loan completely cancelled.

Federal Parent PLUS Loan Adjustment:

☐ I would like to make a change to my Federal Parent PLUS loan. Please do not leave anything blank, enter zeros if necessary. If increasing/decreasing the loan, please enter the total amount you want to borrow for each semester.

Fall 20__	Increase to a total of:	Reduce to a total of:
Spring 20__	Increase to a total of:	Reduce to a total of:
Summer 20__	Increase to a total of:	Reduce to a total of:

Federal Parent PLUS Loan Reinstatement

☐ I would like to have my Federal Parent PLUS loan reinstated to the original offered amount.

Parent's Signature _____ Date _____

Student Signature _____ Date _____

Updated 4/22/24 18.20.70.03.03.24

Office of Financial Assistance & Veteran Affairs
66 George Street Charleston, SC 29424
www.cofc.edu/finaid
P:843.953.5540 F:843.953.7192
financialaid@cofc.edu