



Lander University Financial Aid Office

320 Stanley Avenue, Greenwood, SC 29649 Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

2023-2024 Federal Direct PLUS Loan Adjustment Request

PLEASE PRINT CLEARLY - DO NOT USE PENCIL Allow up to 7-10 business days to process

Student's Last Name	First Name	MI	Lander ID (L #)		
Parent's Last Name	First Name	MI	Phone Number		
carefully consider the amount of	of the loan funds you request	and borrow wisely! Thi	in full, plus interest. Therefore, we encourage you to nk twice before borrowing; do not borrow just because the final disbursement is sent to the school.		
Reason for request:					
Complete the following: Loan	Adjustment Requested:	NET Circle	One: Increase Decrease		
Total I	oan Amount Requested	NET			
Term Adjustment Requested: I	Fall/Spring Fall	Only Sprin	g Only Summer Only		
Anticipated Graduation Date: _					
			I financial aid cannot exceed the student's cost of IVERSITY, they are not eligible for a Federal Loan		
Estimate Monthly Payment Al Visit Federal Student Aid at h					
student must be enrolled and	l attending at least 6 credit	hours that count towa	epaid. I understand to have loan funds disbursed my ards an eligible program. I understand loan funds will signature acknowledges you have read this		
Parent Borrower's Signate	ure		Date		

Financial Aid Office Use Only

DATA ENTRY	xxPLAD	COUNSELOR REVIEW			
RRAAREQ	N=Pending Review	RPAAWRD	CHECK ROAENRL HRS AND		LOAD CODE ON RPAAWRD
Initials/date		RLADLOR			
Fwd to Counselor date		RRAAREQ			
		RHACOMM			S = Satisfied, eligible
		CNSLR Initials/date			