



Lander University Financial Aid Office

21PLAD

320 Stanley Avenue, Greenwood, SC 29649
Email: finaid@lander.edu • Web: <https://www.lander.edu/admissions/tuition-financial-aid>
Phone: (864) 388-8340 • Fax: (864) 388-8811

2020-2021 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

Federal Direct Parent Loans (PLUS) are a serious obligation, which must be repaid in full, plus interest. Therefore, we encourage you to carefully consider the amount of the loan funds you request and borrow wisely! Think twice before borrowing; do not borrow just because you may be eligible. **Federal Direct PLUS Loans enter repayment 60 days after the final disbursement is sent to the school.**

Reason for request: _____

Complete the following: Loan Adjustment Requested: _____ **NET** Circle One: Increase Decrease

Total Loan Amount Requested _____ **NET**

Term Adjustment Requested: Fall/Spring _____ Fall Only _____ Spring Only _____ Summer Only _____

Anticipated Graduation Date: _____

The amount requested may be adjusted by the Financial Aid Office since total financial aid cannot exceed the student's cost of attendance. If the student is not ENROLLED in 6 credit hours AT LANDER UNIVERSITY, they are not eligible for a Federal Loan disbursement.

Estimate Monthly Payment Amount: <https://studentloans.gov/myDirectLoan/repaymentEstimator.action>
Visit the National Student Loan Data System (NSLDS) at https://nslds.ed.gov/nslds/nslds_SA/ to obtain your total FEDERAL loan debt.

I understand I am requesting financial aid in the form of a debt that must be repaid. I understand to have loan funds disbursed my student must be enrolled and attending at least 6 credit hours that count towards an eligible program. I understand loan funds will be split between fall and spring semesters unless I request otherwise. Your signature acknowledges you have read this document.

Parent Borrower's Signature _____

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	