



## **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

## 2024-2025 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 th	e loan funds you request an	d borrow wisely!	aid in full, plus interest. Therefore, we encourage you to Think twice before borrowing; do not borrow just because iter the final disbursement is sent to the school.		
Reason for request:					
Complete the following: Loan Adj	ustment Requested:		rcle One: Increase Decrease		
			oring Only Summer Only		
Anticipated Graduation Date:					
			otal financial aid cannot exceed the student's cost of UNIVERSITY, they are not eligible for a Federal Loan		
Estimate Monthly Payment Amou Visit Federal Student Aid at https					
student must be enrolled and at	tending at least 6 credit ho	ours that count to	e repaid. I understand to have loan funds disbursed my owards an eligible program. I understand loan funds wil ur signature acknowledges you have read this		
Parent Borrower's Signature			Date		

## **Financial Aid Office Use Only**

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