

DATA ENTRY

RRAAREQ

date

Initials/date
Fwd to Counselor

xxPLAD

N=Pending Review

Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 26PLAD 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2025-2026 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	_
	unds you request and borrow	wisely! Think twice be	n full, plus interest. Therefore, we encourage you to ca efore borrowing; do not borrow just because you may b nt is sent to the school.	
Reason for request:				_
Complete the following: Loan Ac	ljustment Requested:		e One: Increase Decrease	_
	II/Spring Fall O	nly Spring	Only Summer Only	
The amount requested may be	adjusted by the Financial A	id Office since total i	financial aid cannot exceed the student's cost of /ERSITY, they are not eligible for a Federal Loan	
Estimate Monthly Payment Amo Visit Federal Student Aid at				

COUNSELOR REVIEW

CHECK ROAENRL HRS AND LOAD CODE ON RPAAWRD

S = Satisfied, eligible

RPAAWRD

RLADLOR

RRAAREQ

RHACOMM

CNSLR Initials/date