



FINANCIAL AID

Parent PLUS Loan Adjustment Request

2026/2027

University of Central Missouri
Student Financial Services P.O. Box 800
Warrensburg, MO 64093-5178

Phone 660-543-8266
FAX 660-543-8080
Contact SFS on: www.ucmo.edu/sfs
Documents Only Email:
financialaiddocuments@ucmo.edu

PLUS1

The purpose of this form is to request an increase, decrease or cancel a previously applied for and awarded Parent PLUS loan. **This is not a Parent PLUS loan application.** Parents must apply for the Parent PLUS loan at <https://studentaid.gov>.

Only the borrower of the Parent PLUS loan may request changes be made to the Parent PLUS loan.

Complete all items accurately.

Student Name: _____ **UCM ID Number: 700** _____
Please Print Last First MI.

Parent (Borrower) Name: _____
Please Print Last First MI.

Phone Number: (____) _____

LOAN INCREASE

I would like to **increase** my Parent PLUS loan by (specify exact dollar amount per semester):

Fall Semester 2026: \$ (August – December 2026) Spring Semester 2027: \$ (January – May 2027) Summer Semester 2027: \$ (May – July 2027)

****IMPORTANT**** Our office will review your eligibility before an increase is made to your PLUS loan. If for any reason the loan increase cannot be processed as requested, you will be notified.

LOAN REDUCTION/CANCELLATION

I would like to **reduce** my Parent PLUS loan by (specify exact dollar amount per semester):

Fall Semester 2026: \$ (August – December 2026) Spring Semester 2027: \$ (January – May 2027) Summer Semester 2027: \$ (May – July 2027)

Reason for reduction: _____

I would like to **cancel** my Parent PLUS loan for:

Fall Semester 2026 (August – December 2026) Spring Semester 2027 (January – May 2027) Summer Semester 2027 (May – July 2027)

Reason for cancellation: _____

I certify I am the borrower of the Parent PLUS loan and would like the changes detailed above to be rendered toward my currently existing loan.

Borrower's Signature

Date