

2024-25 Financial Aid PLUS & Alternative Adjustment Request Form



Office of Financial Aid
Louisiana State University Eunice
P. O. Box 1129, Eunice, LA 70535
Phone: (337) 550-1282 • Fax: (337) 550-1266 • Email: finaid@lsue.edu

Student's Name: Last First Middle ID No.:

PARENT PLUS LOAN

I. REINSTATEMENT OR INCREASE:

\*Indicate semester(s) for the requested change: Fall 2024 Spring 2025 Summer 2025

- A. Please reinstate my Direct Parent PLUS Loan to the original award amount
Please reinstate my Direct Parent PLUS Loan to the following reduced amount: \$
B. Please increase my previously reduced Direct Parent PLUS Loan to this total amount \$

II. REDUCTION OR CANCELLATION:

\*Indicate semester(s) for the requested change: Fall 2024 Spring 2025 Summer 2025

- A. Please reduce my Direct Parent PLUS Loan to the following total amount: \$
B. Please cancel my Direct Parent PLUS Loan.

ALTERNATIVE LOAN

I. REINSTATEMENT OR INCREASE:

\*Indicate semester(s) for the requested change: Fall 2024 Spring 2025 Summer 2025

- A. Please reinstate my Alternative Loan to the original award amount
Please reinstate my Alternative Loan to the following reduced amount: \$
B. Please increase my previously reduced Alternative Loan to this total amount \$

II. REDUCTION OR CANCELLATION:

\*Indicate semester(s) for the requested change: Fall 2024 Spring 2025 Summer 2025

- A. Please reduce my Alternative Loan to the following total amount: \$
B. Please cancel my Alternative Loan.

Please print, sign and return form to the Financial Aid Office.

I certify that all information I have given is accurate and complete to the best of my knowledge as of this date.

Student's Signature Date

Parent's Signature (Parent PLUS Loan ONLY) Date