

# Parent Loan Revision



UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

2018-19 Aid Year

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I \_\_\_\_\_ would like to *increase/decrease/cancel* the *Parent PLUS*  
(Parent name) (circle one)

loan in the gross amount of \$ \_\_\_\_\_ for the following term(s):

*(Circle one)*

Fall

Spring

Summer

Fall & Spring

Fall, Spring & Summer

**Note:** *One-term loan increases will be processed as a separate loan for the term indicated and will not be approved if the increase creates an over-award for the term or aid year. Loan increases for multiple terms will be equally split between each term. Loan reductions for a Fall award will require an equal reduction of the Spring award.*

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_