

# 2023-24 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: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Last First Middle

## PARENT PLUS LOAN

### I. REINSTATEMENT OR INCREASE:

\*Indicate semester(s) for the requested change: Fall 2023 Spring 2024 Summer 2024

- 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 2023 Spring 2024 Summer 2024

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

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## ALTERNATIVE LOAN

### I. REINSTATEMENT OR INCREASE:

\*Indicate semester(s) for the requested change: Fall 2023 Spring 2024 Summer 2024

- 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 2023 Spring 2024 Summer 2024

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

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**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