

Request to Decrease Grad PLUS loan

Date _____

I _____
(Student Borrower's Name) _____
(Student ID #)

would like to decrease my Grad PLUS loan from \$ _____ to \$ _____. In signing this letter, I understand there are fees that are deducted from the loan prior to the disbursement to the University by the U.S. Department of Education as outlined in the Notice of Guarantee and Disclosure Statement. I am authorizing the Office of Financial Aid and Scholarships to decrease my Grad PLUS loan.

(Signature of Borrower)

(Borrower's Phone Number)

(Borrower's email address)

If you agree to the terms and conditions of this letter, please mail letter to:

Hampton University
Office of Financial Aid and Scholarships
200 William R. Harvey Way
2nd Floor Whipple Barn
Hampton, VA 23668

Or email the form to financialaid@hamptonu.edu