2026-27 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 2026 ☐ Spring 2027 ☐ Summer 2027 ☐

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 2026 ☐ Spring 2027 ☐ Summer 2027 ☐

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 2026 ☐ Spring 2027 ☐ Summer 2027 ☐

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 2026 ☐ Spring 2027 ☐ Summer 2027 ☐

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