COLUMBUS STATE COMMUNITY COLLEGE

Columbus Campus Student Central
Madison Hall
550 E. Spring St., Columbus, OH 43216
(614) 287-5353

Delaware Campus Student Services
Moeller Hall
5100 Cornerstone Dr., Delaware, OH 43015
(740) 203-8345

2026-27 Federal Direct Parent PLUS Loan Revision Form

Student Name: _____ **Student Cougar ID:** _____
(Form must be completed in black ink.)

The PARENT must complete ALL sections of this form to cancel or reduce the 2025-26 Direct Parent PLUS Loan.

Parent Borrower Information

(Provide the name and SSN of the **parent** who borrowed the PLUS Loan for the student named above)
(Please print legibly)

Parent Name and Social Security Number (SSN):

_____
LAST *FIRST* *MI*

_____
Parent Social Security Number (SSN)

Choose one option below: NOTE: We cannot award more than half of a two semester or one third of a three semester loan in Autumn semester 2026 due to federal regulations.

☐ Please **cancel** the 2026-27 Federal Direct Parent PLUS Loan (for ***ALL*** semesters)

☐ Please distribute the 2026-27 Federal Direct Parent PLUS Loan funds over the semester(s) below:

Autumn 2026: $_____ Spring 2027: $_____ Summer 2027: $_____
(Dollar amounts requested may be subject to change due to Federal regulations. Please use whole dollar amounts)

☐ Please ***reduce*** the previously awarded 2026-27 Federal Direct PLUS Loan funds for the following ***upcoming*** semester(s)

Autumn 2026: $_____ Spring 2027: $_____ Summer 2027: $_____
(Indicate NEW amounts. Loans can only be reduced in whole numbers)

_____ _____
Parent Signature Date

Print the form and complete all items, including signature. Email the form to CSCC at: *farevision@cscc.edu*.