

Request to Reduce PLUS Loan

Date _____

I, _____, would like to reduce the PLUS loan from \$ _____ to \$ _____. In signing this letter, I am authorizing the Office of Financial Aid and Scholarships to decrease my PLUS loan.

Signature of Borrower

Student ID Number

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

Hampton University
Office of Financial Aid and Scholarships
2nd Floor Whipple Barn
Hampton, VA 23668