



FINANCIAL AID OFFICE

Loan Increase Form Academic Year 2024-2025

Name _____

GWID _____

E-Mail Address _____

Please increase my:

- ☐ **Graduate PLUS loan** *I understand that my credit will be pulled by the Department of Education, or its contractors, and that I will have a hard hit on my credit report as a result. Credit decisions are good for 180 days.*
- ☐ **Unsubsidized Stafford Loan**
- ☐ **Private Loan**

In the amount of \$ _____ for fall _____ spring _____ both semesters _____ (check one)
summer _____ (only if you are enrolled in the summer semester)

I want to add the origination fee for this new loan amount to my request YES___ NO___.

I have:

- ☐ *Remaining eligibility* **OR**

I need to increase my cost of attendance for the following reason:

- | | |
|---|---|
| <input type="radio"/> <i>Loan Fees (Please check current fee amounts with a financial aid counselor)</i> | <input type="radio"/> <i>First time bar exam takers only, one State Bar Exam Fee (include receipt)</i> |
| <input type="radio"/> <i>Computer Purchase (include copy of receipts, see policy)</i> | <input type="radio"/> <i>Dependent Care Expenses (include copy of receipts or notarized contract, see policy)</i> |
| <input type="radio"/> <i>Medical Expenses exceeding budget (include copy of receipts, explanation of benefits will not be accepted)</i> | |

Signature _____

Date _____