

For Staff Use Only: RBAABUD RPAAWRD Uncheck AWD LTR RLADLOR RHACOMM

2025-2026 Loan Increase Form

Signature	 Date		
<ul> <li>Medical Expenses (exceeding budget (include copy of receipts, explanation of benefits will not be accepted)</li> </ul>			
○ Computer Purchase (include copy of receipts, see policy)	<ul> <li>Dependent Care Expenses (include copy of receipts or notarized contract, see policy)</li> </ul>		
<ul><li>Loan Fees (Please check current fee a financial aid counselor)</li></ul>	<ul> <li>Bar Exam Fees (First time bar exam takers only, one State Bar Exam Fee, include receipt)</li> </ul>		
I need to increase my cost of atter	ndance for the following reason:		
OR			
I have:  ○ Remaining eligibility			
<ul> <li>Summer (only if you are enrolled in the summer semester</li> <li>I want to add the origination fee for this new loan amount to my request: ○ YES ○ NO</li> </ul>			
In the amount of \$ for	or Ofall Ospring Oboth semesters (check one)		
○ Private Loan			
○ Unsubsidized Stafford Loan			
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			
		Name:	