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

GW LAW
Financial Aid Office

2026-2027 Loan Increase Form

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:

☐ *Loan Fees (Please check current fee a financial aid counselor)*

☐ *Computer Purchase (include copy of receipts, see policy)*

☐ *Medical Expenses (exceeding budget (include copy of receipts, explanation of benefits will not be accepted)*

☐ Bar Exam Fees (*First time bar exam takers only, one State Bar Exam Fee, include receipt)*

☐ Dependent Care Expenses (*include copy of receipts or notarized contract, see policy)*

_____

Signature **Date**

The George Washington Law Financial Aid Office, 700 20th St. NW, Washington, DC 20052
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