Loan Increase Form
Academic Year 2018-2019

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 amounts with a financial aid counselor)

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

○ Computer Purchase (include copy of receipts, see policy)

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

○ Medical Expenses exceeding budget (include copy of receipts)

_____________________________________________________ _____________________
Signature           Date

For Staff Use Only
RBAABUD
RPAAWRD
Uncheck AWD LTR
RLADLOR
RHACOMM