



FINANCIAL AID OFFICE

Loan Increase Form Academic Year 2023-2024

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, explanation of benefits will not be accepted)*

Signature

Date