



# FINANCIAL AID OFFICE

## Loan Increase Form Academic Year 2022-2023

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)
- Computer Purchase (include copy of receipts, see policy)
- Medical Expenses exceeding budget (include copy of receipts, explanation of benefits will not be accepted)
- 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