FACH

2014-2015 Financial Aid Change Form
INCREASE Loans or Work Study

Student’s Full Name: ____________________________
(LEGAL NAME - PRINT) first middle last

Undergraduate Student: ____________ Graduate/Professional Student: ____________

University ID: □□□□-□□□□□□ or SIS ID: □□□□□□

Loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If you are eligible, and wish to increase your loan amount, complete this section and submit to Student Financial Services to the address or Fax number shown above.

FEDERAL LOAN INCREASE REQUEST

Please indicate your desired increase loan amount by the type of loan below.

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**Federal Unsubsidized Loan**

Undergraduate and/or Graduate Students

For which semester/s would you like to change your loan amount? □ Fall □ Spring □ Summer □ J-Term

Determine the TOTAL LOAN AMOUNT you would like to request, by term, and indicate the TOTALS below. Remember that loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no reduction is requested.

Total New Amount Requested for: Fall $__________ Spring $__________ Summer $__________ J-Term $__________

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**Federal Subsidized Loan**

Undergraduate Students Only

For which semester/s would you like to change your loan amount? □ Fall □ Spring □ Summer □ J-Term

Determine the TOTAL LOAN AMOUNT you would like to request, by term, and indicate the TOTALS below. Remember that loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no reduction is requested.

Total New Amount Requested for: Fall $__________ Spring $__________ Summer $__________ J-Term $__________
Graduate PLUS Loan

Graduate Students Only

For which semester/s would you like to change your loan amount?  □ Fall  □ Spring  □ Summer

Determine the TOTAL LOAN AMOUNT you would like to request, by term, and indicate the TOTALS below. Remember that loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no reduction is requested.

Total New Amount Requested for:  Fall $_________________  Spring $__________________  Summer $__________________

Private Loan or Federal PLUS Loan

PLEASE NOTE: To increase your private loan amount you must apply for a new loan with your lender. Student Financial Services cannot initiate an increase to a private loan. A new Parent PLUS loan must be made by the completion and submission of a new University of Virginia Parent PLUS Loan application.

Perkins Loans

□ I have completed my Master Promissory Note and wish to have my previously-cancelled Perkins Loan reinstated.

PLEASE NOTE: If you declined your loan, or a portion of your loan, in error you must request it be reinstated within 3 business days of this action. There are no other circumstances in which a Perkins loan can be reinstated.

**FEDERAL WORK-STUDY INCREASE REQUEST**

Please indicate your desired increased total for Work-Study below.

Federal Work-Study may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If you are eligible, and wish to increase your Work-Study amount, complete this section and submit the form to Student Financial Services to the address or Fax number shown above. Increases can only be done if you decreased in error and must be requested within 3 days for reduction/cancellation.

Federal Work Study: I am requesting an increase to my current Federal Work Study award total.

Total New Work-Study Amount Requested for:  Fall $_________________  Spring $__________________

I understand that Federal Loans and Work-Study awards may only be increased up to the eligible amount for each academic year. Therefore, if I have requested any amounts to be increased above my eligibility, I understand that no change will be made to my awards. Finally, I understand that I am responsible for all educational expenses not covered by my financial aid.

STUDENT’S SIGNATURE __________________________________________ Date_________________