

Student's University ID: - or SIS ID:

Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last*

Graduate and Parent PLUS Loans

Graduate Students or Parents of Undergraduate 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. The increase request cannot be larger than the original disbursement amounts. A request for greater than the original amount will require a new Parent PLUS application. If amount is left blank, SFS will assume no change is requested. Parent PLUS loans require the parent signature below.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____ Summer \$ _____

Borrowing Parent's Name _____ Last 4 digits of Borrowing Parent's SSN _____

Borrowing Parent's Signature _____ Date _____

Do you want the new amount to be increased to cover loan fees? Y or N

Private 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.

Perkins Loans

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

FEDERAL WORK-STUDY INCREASE REQUEST

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 _____