Financial Aid Office
2015-2016 Loan Increase Request

Student Name: ____________________________________________________________

Student ID: _____________________ Phone Number: _____________________________

Student Type: [ ] UG [ ] GRAD

Request to increase loan

Please indicate which semester(s) you are requesting a loan increase:
[ ] Fall/Spring [ ] Fall [ ] Spring [ ] Summer

Please indicate which loan you want to increase:
[ ] Direct Subsidized Loan [ ] Direct Unsubsidized Loan [ ] Direct Parent PLUS Loan [ ] Direct Grad PLUS Loan

I request that McDaniel College increase my loan amount:

From: $ _____________________________

To: $ _____________________________

Request to increase loan due to advance in grade level

Please indicate which grade level applies:
[ ] Sophomore (24-56.99 credits completed) [ ] Junior/Senior (57 credits or more)

Note:

• Loan increases will be processed based on the student’s eligibility according to their budget and federal regulations.
• Loans will be processed for maximum subsidized eligibility first, and the remainder will be processed as an unsubsidized loan.
• This form must be submitted no later than 10 business days before the end of semester.

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.

________________________________________ __________________________
Student Signature Date

________________________________________ __________________________
Parent Signature (Required for changes to Direct Parent PLUS loan) Date