



MD Program Office of Financial Aid
2300 I St. NW, Ross Hall Room 106,
Washington, DC 20052
medfinan@gwu.edu
tel. 202.994.2960

Loan Increase Form 2020-2021

Note: The Financial Aid Office is prohibited, by federal regulation, from funding a student above the cost of attendance.

Name _____

GWID _____

E-Mail Address _____

Please increase my:

- Federal Direct Graduate PLUS loan*
You must have a valid and approved credit check. If your last credit check was accepted and approved more than 180 days ago your credit will be pulled again. Note: this will result in a hard hit to your credit score.
- Federal Direct Unsubsidized Loan*

In the amount of \$ _____

I am requesting these funds for this semester: FALL or SPRING BOTH

I have:

- Remaining eligibility* **OR**

I need to increase my cost of attendance for the following reason:

- | | |
|---|---|
| <input type="radio"/> <i>Loan Fees (Grad PLUS 4.248%; Unsubsidized Loan 1.062%) Funds will be disbursed 50% fall and 50% in spring.</i> | <input type="radio"/> <i>Dependent Care Expenses (include copy of receipts or notarized contract, see policy)</i> |
| <input type="radio"/> <i>Computer Purchase (include copy of receipts, see policy)</i> | <input type="radio"/> <i>Other expense, approved by the Office of Financial Aid/Dean</i> |
| <input type="radio"/> <i>Disability Expenses</i> | _____ |

Signature _____

Date _____

<i>For Staff Use Only</i>
__RBAABUD
__RLADLOR
__RPAAWRD
__RHACOMM
Initials _____
Proc. Date _____