GW M.D. Program Office of Financial Aid
Loan Increase Form
Academic Year 16-17
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:

○ 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 you must complete the “PLUS Request” at www.studentloans.gov. Note: this will result in a hard hit to your credit score.

○ Unsubsidized Stafford Loan

In the amount of $________________________

I wish to receive these funds in the ○ FALL  ○ SPRING

I have:

○ Remaining eligibility  OR

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

○ Loan Fees (Grad PLUS 4.272%; Stafford Loan 1.068%) Funds will be disbursed 50% fall and 50% in spring.

○ Medical Expenses exceeding budget (include copy of receipts, see policy)

○ Computer Purchase (include copy of receipts, see policy)

○ Dependent Care Expenses (include copy of receipts or notarized contract, see policy)

_____________________________ _____________________
Signature                          Date

George Washington School of Medicine Office of Financial Aid, 2300 I St. NW, Washington, DC 20052
Tel.202.994.2960  e-mail: medfinan@gwu.edu