GW M.D. Program Office of Financial Aid
Loan Increase Form
Academic Year 2017-2018

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 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:

☐ Loan Fees (Grad PLUS 4.276%; Stafford Loan 1.069%) Funds will be disbursed 50% fall and 50% in spring.

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

☐ Disability Expenses

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

☐ Other expense, approved by the Office of Financial Aid/Dean

________________________________________________________
Signature

_______________________________________________________
Date

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