NOTRE DAME OF MARYLAND UNIVERSITY

Office Use Only

Office of Financial Aid

2018-2019 Loan Increase Request

Student Name: _____

SSN (last four digits): ___ ___ ___ ___ *Phone Number:* _____

Student Type: ☐ WOM ☐ CAUS ☐ GRAD ☐ PHARM

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 Notre Dame of Maryland University increase my loan amount:

From: $ _____

To: $ _____

Request to increase loan due to advance in grade level

Please indicate which grade level applies:

Sophomore (30-59 credits completed)	Junior/Senior (60 credits or more)
☐	☐

Note:

- Loan increases will be processed based on the students 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

This form contains personally identifiable information.

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