

FACH**2023-2024 Undergraduate Student Financial Aid Change Form
INCREASE Loans or Work Study**Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last*University ID: - or SIS ID:

Loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If you are eligible, and wish to increase your loan amount, complete this section and submit to Student Financial Services. An increase request cannot be made after the end of a term.

No forms will be accepted for fall 2023 semester loans after Tuesday, December 5, 2023. No forms will be accepted for spring 2024 semester loans after Tuesday, April 30, 2024.

FEDERAL LOAN INCREASE REQUEST

Please indicate your desired increase loan amount by the type of loan below.

Federal Unsubsidized LoanFor which semester/s would you like to change your loan amount? Fall Spring Summer J-Term

Determine the **TOTAL LOAN AMOUNT** you would like to request, by term, and indicate the TOTALS below. Remember that loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no change is requested.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____ Summer \$ _____ J-Term \$ _____

Federal Subsidized LoanFor which semester/s would you like to change your loan amount? Fall Spring Summer J-Term

Determine the **TOTAL LOAN AMOUNT** you would like to request, by term, and indicate the TOTALS below. Remember that loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If amount is left blank, SFS will assume no change is requested.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____ Summer \$ _____ J-Term \$ _____

Private Loan

PLEASE NOTE: To increase your private loan amount you must apply for a new loan with your lender. Student Financial Services cannot initiate an increase to a private loan.

FACH

Student's University ID: - or SIS ID: Student's Full Name: _____
(LEGAL NAME - PRINT) *first* *middle* *last***Parent PLUS Loans**For which semester/s would you like to change your loan amount? Fall Spring Summer

Determine the **TOTAL LOAN AMOUNT** you would like to request, by term, and indicate the TOTALS below. Remember that loans may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. The increase request cannot be larger than the original disbursement amounts. A request for greater than the original amount will require a new Parent PLUS application. If amount is left blank, SFS will assume no change is requested. Parent PLUS loans require the parent signature below.

Total New Amount Requested for: Fall \$ _____ Spring \$ _____ Summer \$ _____

Borrowing Parent's Name _____ Last 4 digits of Borrowing Parent's SSN _____

Borrowing Parent's Signature _____ Date _____

Do you want the new amount to be increased to cover loan fees? Y or N

Institutional Loan I have completed my Master Promissory Note and wish to have my previously-cancelled Institutional Loan reinstated.**FEDERAL WORK-STUDY INCREASE REQUEST**

Federal Work-Study may only be increased up to the eligible amount for an academic year. If you request an amount greater than your eligible amount, then no change will be made. If you are eligible, and wish to increase your Work-Study amount, complete this section and submit the form to Student Financial Services to the address or Fax number shown above. Increases can only be done if you decreased in error and must be requested within 3 days for reduction/cancellation.

Federal Work Study: I am requesting an **increase** to my current Federal Work Study **award total**.

Total New Work-Study Amount Requested for: Fall \$ _____ Spring \$ _____

I understand that Federal Loans and Work-Study awards may only be increased up to the eligible amount for each academic year. Therefore, if I have requested any amounts to be increased above my eligibility, I understand that no change will be made to my awards. Finally, I understand that I am responsible for all educational expenses not covered by my financial aid.

STUDENT'S SIGNATURE _____ Date _____