

2016-2017 FINANCIAL AID FEDERAL DIRECT-LOAN INCREASE FORM

This form is used if you wish to increase a Federal Direct Loan (subsidized or unsubsidized) listed on your Financial Aid Award Notification (FAAN). Federal Direct Loans are limited by grade level and dependency status. Be sure to meet with your financial aid counselor to discuss the loan amount for which you are currently eligible, as the amount may have changed since your original loan offer. See the Direct Loan Consolidation website for repayment plans and information about loan consolidation at www.studentloans.gov.

NAME _____
Last First MI Student ID Number

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ADDRESS _____
Street Address Apt. # City State Zip Code

DATE OF BIRTH _____ EMAIL ADDRESS _____

HOME PHONE NUMBER _____ ALTERNATE/CELL-PHONE NUMBER _____
(Including area code) (Including area code)

Please indicate your current grade level: Freshman Sophomore Junior Senior Graduate Professional

	Fall Amount	Spring Amount	Total Amount
Increase my Federal Direct Subsidized Loan to	\$ _____	\$ _____	\$ _____
Increase my Federal Direct Unsubsidized Loan to	\$ _____	\$ _____	\$ _____
Increase my Federal Direct Unsubsidized Add'l Loan to	\$ _____	\$ _____	\$ _____

ANNUAL LOAN LIMITS

	Dependent <small>(as defined by the FAFSA)</small>		Independent <small>(as defined by the FAFSA)</small>		Graduate and Professional <small>(*denotes maximum annual eligibility, amount will vary based on year in program)</small>	
	Base Amounts	Unsubsidized	Base Amounts	Unsubsidized		Unsubsidized
Freshman (0-23 hours)	\$3,500	\$2,000	\$3,500	\$6,000	Graduate & Other Professional	\$20,500
Sophomore (24-53 hours)	\$4,500	\$2,000	\$4,500	\$6,000	Medical	\$47,167*
Junior (54-84 hours)	\$5,500	\$2,000	\$5,500	\$7,000	Dental	\$44,944*
Senior (85+ hours)	\$5,500	\$2,000	\$5,500	\$7,000	Pharmacy	\$34,389*
					Health Administration	\$34,389*

AGGREGATE LOAN LIMITS

	Subsidized	Combined Subsidized and Unsubsidized
Dependent Undergraduate	\$23,000	\$31,000
Independent Undergraduate	\$23,000	\$57,500
Graduate	\$0	\$138,500
Professional Health Professions	\$0	\$224,000

Student Signature _____ Date _____
(Required)

