

2017-2018 FINANCIAL AID FEDERAL DIRECT LOAN INCREASE FORM

- This form is used to increase an already existing award or reinstate a previously existing award for the 2017-2018 Aid Year.
- Please meet with a Financial Aid counselor to discuss your questions prior to submitting this form.

Name _____
Last First MI V

DATE OF BIRTH _____ EMAIL ADDRESS _____

PHONE # _____

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

	Dependent Annual Loan Limits for 2017-2018 <small>You cannot exceed these amounts</small>		Independent Annual Loan Limits for 2017-2018 <small>(*And Dependent students whose parents cannot get a PLUS) You cannot exceed these amounts</small>		Your Request <small>After reviewing the chart, please fill in the increase you would like to receive corresponding to your grade level.</small>	
	Subsidized	Unsubsidized	Subsidized	Unsubsidized	Subsidized	Unsubsidized
Freshman (0-23 hours)	\$3,500	\$2,000	\$3,500	\$6,000		
Sophomore (24-53 hours)	\$4,500	\$2,000	\$4,500	\$6,000		
Junior (54-84 hours)	\$5,500	\$2,000	\$5,500	\$7,000		
Senior (85+ hours)	\$5,500	\$2,000	\$5,500	\$7,000		

Graduate and Professional <small>(*denotes maximum annual eligibility, amount will vary based on year in program)</small>		Your Request <small>After reviewing the chart, please fill in the increase you would like to receive corresponding to your level.</small>
	Unsubsidized	Unsubsidized
Graduate & Other Professional	\$20,500	
Medical	\$47,167*	
Dental	\$44,944*	
Pharmacy	\$34,389*	
Health Administration	\$34,389*	

Student Signature _____ Date _____
(Required)

