



Office Use Only

Office of Financial Aid
2020-2021 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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