DLGC

E

Student ID # Last Name First Name

# Request for Increase in DLS/DLU due to Grade Class

***Award Year*** _____

My grade class changed from (check one):

Freshman to Sophomore ☐

Sophomore to Junior ☐

**Initial Next to Each Statement Below to Indicate Agreement**

I would like to have my aid reviewed for potential additional loan eligiblity and will accept an increase if available.

I understand and accept that the increase of any loan may be in the form of an unsubsidized loan, which will begin to accrue interest upon disbursement.

NOTE: The maximum additional amount due to grade class change is $1000

Amount Requested

*Circle maximum or indicate amount if lower amount is desired.*

$_____ or Maximum

Semester

*Check the appropriate box for the desired term(s) of your loan. Note, summer cannot be comined with fall or spring.*

Fall ☐ Spring ☐

Summer ☐

Signature _____

*Digial Signatures are Not Accepted*

Date _____

*Rev 7/16*

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