



**CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE**

**OFFICE OF FINANCIAL AID AND SCHOLARSHIPS**

CDU Office of Financial Aid and Scholarship Loan Increase Request form

Name \_\_\_\_\_

ID \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Federal Student Loan Increase request:

Graduate PLUS loan                      Amount \$ \_\_\_\_\_

Valid and approved credit check required. If the last credit check was accepted and approved more than 180 days ago you must complete the "PLUS Request" at [www.studentloans.gov](http://www.studentloans.gov).

Parent PLUS loan                              Amount \$ \_\_\_\_\_

Valid and approved credit check required. If the last credit check was accepted and approved more than 180 days ago you must complete the "PLUS Request" at [www.studentloans.gov](http://www.studentloans.gov).

Unsubsidized Stafford Loan                      Amount \$ \_\_\_\_\_

Subsidized Stafford Loan                      Amount \$ \_\_\_\_\_

CHECK ALL APPLICABLE SEMESTERS:  FALL                       SUMMER                       SPRING

I acknowledge my request is based on remaining eligibility.

Signature \_\_\_\_\_

Date \_\_\_\_\_