Georgian Court University Financial Aid

Request for an INCREASE in Loan Amount

Please provide the following information to support your request for a decrease in loans.

Name (PRINT CLEARLY): _____

S.S. #_____

Type of Loan (please circle one): SUBSIDIZED or UNSUBSIDIZED

Loan Period: Fall 20_____ Spring 20_____ Summer 20_____

Requested Amount of Loan Increase for **UNSUBSIDIZED**: $_____

Requested Amount of Loan Increase for **SUBSIDIZED**: $ _____

_____ _____

Student Signature Date

Financial Aid Office Use Only

_____ _____

F/A Counselor Signature Date