



2022-23 FEDERAL DIRECT LOAN INCREASE REQUEST FORM

Financial Aid Office

4240 Campus Drive Lima, OH 45804 | (419) 995-8802 | Fax (419) 995-8112 | FinAid@RhodesState.edu | www.RhodesState.edu

Student's Full Name

Student ID (R#)

Permanent Street Address

Rhodes State Student Email*

City, State, Zip

*Financial Aid will contact you via email if you have outstanding requirements or if your loan cannot be processed. It is the student's responsibility to check and respond to any and all inquiries.

CERTIFICATION - Please read and sign below:

- Loan increase requests will not occur in the current term if changes in financial aid status, such as enrollment, change in future terms.
- If an increase is requested for only one term, I may receive two separate disbursements. Amounts requested may not be amounts that I receive.
- If I am receiving the maximum amount per my current enrollment status, or due to federal yearly loan limits, my application will be discarded.
- I am responsible for knowing my annual loan amount.
- I may request a loan increase ONLY two times per academic aid year.
- Submitting a loan increase before a loan has been processed will result in the application being discarded without notice and count towards my two requests.

SELECT LOAN OPTIONS (You must have a current loan on your account for the term(s) requested)

- I am requesting the maximum amount, subsidized only.
- I am requesting the maximum amount, subsidized and unsubsidized.
- I am requesting up to \$1,000 additional loan due to grade level change (31+ earned hours.)

OR -

Write in the amount you are requesting to increase for each term. If enrollment status changes after the current term, the increase will not occur until that term.

- Subsidized ONLY Subsidized and unsubsidized
- Summer 2022 \$ _____ Fall 2022 \$ _____ Spring 2023 \$ _____

I certify that I have read and fully understand the certification portion of this form.

Student's Signature

Date

For Financial Aid Office Use Only		
Dependency Status: I D	Grade Level: 1 2	Enrollment Status: FT 3/4 1/2 Hours:
COA: \$ _____	EFC: \$ _____	Amount used/previously awarded for 21/22 Sub: \$ _____ Unsub: _____
Financial Aid: \$ _____	Sub: \$ _____	
Unsub: \$ _____	Eligibility: \$ _____	Increased Amount Sub: \$ _____ Unsub: \$ _____
<input type="checkbox"/> Request Denied Reason:		
Initials: _____ Date: _____		

