



2018-2019 REQUEST to INCREASE LOAN

STUDENT'S NAME & ADDRESS (please print clearly)

STUDENT'S BANNER ID #

PHONE _____

By signing below, I understand that I am asking the Office of Financial Aid (OFA) at Samford University to ***INCREASE*** the loan(s) indicated below. I also understand that I must be enrolled at least ½ time and still be eligible for these loan funds. Please allow 3 – 5 business days for this request to be processed. You may view updates through the Banner Portal.

Student Signature: _____ Date: _____

Are you a ___ Graduate or ___ Undergraduate student?

LOAN TYPE TO INCREASE	TERMS		
	<i>Please indicate the GROSS amount you would like to have Increased.</i>		
	FALL 2018	SPRING 2019	SUMMER 2019
STAFFORD LOAN [Sub & Unsub]			
STAFFORD LOAN [Sub Only]			
STAFFORD LOAN [Unsub Only]			
GRADUATE PLUS			
PRIVATE			

Office of Financial Aid Use Only:

___ YOUR LOAN CANNOT BE INCREASED because _____

___ YOUR LOAN(S) WAS INCREASED on _____ (date) by _____

Samford University
Student Financial Services
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