



**LAGUARDIA COMMUNITY COLLEGE**  
DIVISION OF ENROLLMENT MANAGEMENT AND STUDENT DEVELOPMENT

**STUDENT FINANCIAL SERVICES**

31-10 Thomson Avenue C107 L.I.C. NY 11101 TEL: 718-482-7218 FAX: 718-609-2020

**REQUEST FOR LOAN INCREASE**

Academic Year 20 \_\_\_\_ - 20 \_\_\_\_

**Borrower Information to be Completed by Student**

- 1. Name: \_\_\_\_\_
- 2. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 3. Address: \_\_\_\_\_  
\_\_\_\_\_
- 4. Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 5. Email: \_\_\_\_\_

Total Loan Amount Originally Granted: \$ \_\_\_\_\_

6. I am requesting an **INCREASE** of my Student Loan amount by an additional:

- Subsidized Loan \$ \_\_\_\_\_
- Unsubsidized Loan \$ \_\_\_\_\_
- Plus Loan \$ \_\_\_\_\_

7. **Applicant Certification:** My signature below certifies that I understand that this request form is not a promissory note. I must fill out, sign, and return the actual promissory note at a later date. Further, I understand that my eligibility for Federal Direct Stafford/Ford Loans will be determined by the Office of Student Financial Services based on Federal Law.

**Note:** All student loan borrowers must be enrolled at least half-time (6 credits) in order to receive the Direct Loan funds. This is a **LOAN** that must be **REPAID**.

8. \_\_\_\_\_  
Student's/Borrower's Signature Date

9. Action Taken:  Granted  Denied

SFS' s Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SFS' s Signature

\_\_\_\_\_  
Date