



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Loan Increase/Decrease Request 2024-2025

By completing this form and signing below I authorize Friends University to increase or decrease the following type of loan by the amount indicated. I understand that the amount requested may be reduced by lender loan fees. Additionally, I understand that this loan increase request is not guaranteed. If my request is denied for any reason, Friends University Office of Financial Aid will inform me. *Please check your student email for correspondence from our office.*

N00

Student's Last Name	First Name	Student ID
	@student.friends.edu	()
E-mail Address (Friends Financial Aid will only respond to your student email)	Phone Number	

Type of Additional Loan Requested:

Circle if the loan will be an increase or decrease.

Federal Direct Subsidized Loan: Increase or Decrease by Amount Requested: \$ _____

Federal Direct Unsubsidized Loan: Increase or Decrease by Amount Requested: \$ _____

Federal Direct PLUS Loan: Increase or Decrease by Amount Requested: \$ _____

Loan Period for these funds: (check mark one) Fall/Spring Fall Only Spring Only

_____ Other (Please Specify)

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(Parent signature is required for the Parent PLUS Loan. Parent signature **MUST** be the Parent PLUS loan borrower.)

Typed signatures cannot be accepted.

If you have any questions, please call (316) 295-5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.