



Xavier University of Louisiana

Office of Student Financial Aid

1 Drexel Dr. Box 40 New Orleans, LA 70125

Tel: (504) 520-7835 Fax: (504) 520-7906

Email: finaid@xula.edu

REQUEST FOR ADDITIONAL AID

This form should be used to request additional financial aid that is not already a part of your financial aid offer for the academic year (Fall / Spring Semesters).

Note: To adjust the aid amount on your account, please complete the **Adjust My Aid** form. Also, pharmacy students should complete the **Pharmacy Request for Additional Aid** form.

PRINT LEGIBLY AND CLEARLY IN INK

Last Name:	First Name:	M.I.:
School ID#:	Telephone #:	
Home Address:	City, State:	Zip Code:
Major:	Classification:	XULA E-Mail:

Semester (circle one): **Fall 2023** **Spring 2024** **Both Fall 2023 - Spring 2024**

TYPE OF AID: Check applicable box / boxes. Please enter the total amount of aid you would like for the semester or year. If you wish to receive the maximum amount of aid for the type(s) of aid you are requesting, please write the word "max".

	Amount Requested (Fall 2023)	Amount Requested (Spring 2024)	Total
<input type="radio"/> Direct Subsidized Loan	_____	_____	_____
<input type="radio"/> Direct Unsubsidized Loan	_____	_____	_____
<input type="radio"/> Parent PLUS Loan*	_____	_____	_____
<input type="radio"/> Grad PLUS Loan	_____	_____	_____
<input type="radio"/> SEOG Grant	_____	_____	_____
<input type="radio"/> Other:	_____	_____	_____

PLEASE NOTE: Completion of this form does not guarantee that you will be offered additional financial aid. If you are offered additional financial aid, you will receive an e-mail notifying you to review your revised Electronic Offer Letter online.

Student's Signature

Date