

Illinois Wesleyan University
Office of Financial Aid
P.O. Box 2900
Bloomington, IL 61702

Phone: 309-556-3096
Fax: 309-556-3833

PLUS CHANGE REQUEST FORM

Federal Direct Parent Loan for
Undergraduate Students (PLUS)
2023-2024

Please fill out all sections of this form completely and return to the Office of
Financial Aid in order to avoid delays in processing your application.

Student Information

Last Name: _____ First Name: _____ M.I. _____

IWU Student ID # _____ Date of Birth: _____

Year in School (please circle one): Freshman Sophomore Junior Senior US Citizen (Y/N): _____

Parent Borrower Information

Last Name: _____ First Name: _____ M.I. _____

Social Sec. #: _____ Date of Birth: _____ Driver's License #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ US Citizen? Yes / No (If no, provide country and Alien #): _____

Parent Email Address: _____ Phone #: _____

PLUS Loan Information

Loan Action: Increase Decrease Reinstate Other _____
(Specify)

Loan Period: (choose only one): Full year** Fall semester only Spring semester only

**We recommend choosing "full year" if student is attending both semesters regardless of when you are requesting loan.

Loan Amount: (Requested loan amount may not exceed total cost of attendance minus financial aid received)

- I request the maximum amount of PLUS loan including fees
 I request an increase to cover the balance due including fees Fall Spring Full Year
 I request the new total of my PLUS loan amount not to exceed: \$ _____

If you wish to have differing amounts (must add up to total listed above): Fall _____ Spring _____

Apply Additional Fees to my PLUS Loan: Study Abroad Fees \$ _____ (If left blank will process max)

Lender Website For Direct PLUS – Studentaid.gov

The federal government regulates the interest rate and repayment terms of all PLUS Loans.

Please Sign Below

By signing below, I understand that I am authorizing the Office of Financial Aid at Illinois Wesleyan University to provide my lender with any information that is necessary for me to update an existing Federal Direct PLUS Loan. I also authorize the lender to obtain a new credit report if the initial credit report has expired. In order to assist the Office of Financial Aid at Illinois Wesleyan University in the completion of the financial aid package for the student named above, I authorize the school to receive notification of the results of the review of the new credit report.

Parent Signature: _____ Date: _____

(Please make a copy of this information for your own use, should you need to contact the lender)