

Illinois Wesleyan University

2025-2026 Financial Aid Loan Revision Form

Name: _____

Student ID: _____

Year in School: (circle one) FR SO JR SR

Loan Action: ☐ Accept ☐ Decline ☐ Increase ☐ Decrease ☐ Reinstate

Amount of loan(s) should be:

| | <u>New Total</u> | <u>Fall *</u> | <u>Spring*</u> | <u>May/June/July*</u> |
|----------------------------------|------------------|---------------|----------------|-----------------------|
| _____ IWU Loan | \$ _____ | _____ | _____ | _____ |
| _____ Nursing Loan | \$ _____ | _____ | _____ | _____ |
| _____ Stafford Subsidized Loan | \$ _____ | _____ | _____ | _____ |
| _____ Stafford Unsubsidized Loan | \$ _____ | _____ | _____ | _____ |
| _____ Private Loan (alternative) | \$ _____ | _____ | _____ | _____ |
| _____ Campus Job | \$ _____ | _____ | _____ | _____ |

*if the amount(s) listed for Fall, Spring, and May/June/July are left blank, your loan(s) will be split evenly between the Fall/Spring semesters.

Signature

Date

☐ Stafford Unsubsidized Loan increased due to Parent PLUS Loan Denial or parent being ineligible for the Parent PLUS Loan.

☐ Financial Aid Staff Member approving change: _____