

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)
2025-2026

Please print, fill out all sections completely, and sign before returning.
No Electronic Signatures

Allecia Correll
Student Loan Coordinator
acorrell@iwu.edu

Phone: 309-556-1096
Fax: 309-556-3833

Student Information

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

IWU Student ID # _____ Date of Birth: _____

Year in School (please circle one): Freshman Sophomore Junior Senior

Parent Borrower Information

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

Address: _____

Parent Email Address: _____ Phone #: _____

PLUS Loan Information

Loan Action: ☐ Increase ☐ Decrease ☐ Reinstate

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

** We recommend choosing "full year" if student is attending both fall and spring semesters

** Student must be enrolled in a minimum of TWO courses and be meeting SAP requirements to be eligible for Federal Aid in any given loan period (fall/spring/summer)

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

- ☐ **Option 1** - I request the maximum amount of PLUS loan including origination fee – this may produce a credit/refund
- ☐ **Option 2** - I request an increase to cover the balance due after the origination fee – no refund
- ☐ **Option 3** - I request the new total of my PLUS loan amount not to exceed \$ _____ - you may still owe money

All full year loans will be split evenly between the fall and spring semesters unless otherwise noted here:

Fall _____ Spring _____

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 records.
Print and Email signed form to Allecia Correll at acorrell@iwu.edu