

PLUS CHANGE REQUEST FORM

Federal Parent Direct Loan for Undergraduate Students (PLUS) 2018-2019

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 or no. If no, what country and Alien #?): _____
Parent Email Address: _____ Phone #: _____

PLUS Loan Information

Loan Action: Increase Decrease Reinstate Other _____
(specify)

Loan Period: (choose only one): Full year** Spring semester only Fall 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 minus financial aid received)

I request the maximum amount of PLUS loan including fees

OR

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 Amount: May term fees
 Abroad fees \$ _____ (If left blank will process max)

Lender Website For Direct PLUS – Studentloans.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 obtain a Federal Direct PLUS Loan. I also authorize the school, on my behalf, to process a PLUS prescreen, which initiates a review of my credit history against the PLUS credit criteria, and authorizes the lender to obtain a credit report for that purpose. 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 PLUS prescreen.

Parent Signature: _____ Date: _____

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