

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)  
2024-2025

Please print, fill out all sections completely, and sign before returning.

Allecia Correll  
Student Loan Coordinator  
[acorrell@iwu.edu](mailto: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. \_\_\_\_\_

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

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 only

\*\* 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)

- I request the **maximum amount** of PLUS loan including fees – this may produce a credit/refund
- I request an increase to cover the **balance due** including fees for loan period marked above – no refund
- I request the **new total** of my PLUS loan amount not to exceed \$ \_\_\_\_\_ - you may still owe

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.  
Email signed form to Allecia Correll at [acorrell@iwu.edu](mailto:acorrell@iwu.edu)