

Name:

ID:

**2017-18 Add'l Costs for Teacher Education (752)**

**Western Illinois University**

Financial Aid Office  
Sherman Hall 127  
1 University Circle  
Macomb, IL 61455-1390  
Phone: 309/298-2446  
FAX: 309/298-2353

I would like to be considered for additional loan eligibility due to program-specific costs that will be incurred during the 2017-18 academic year. I will request my Academic Advisor complete the information below.

I understand the following:

- o The budget increase will be based only on the information confirmed below.
- o I may have to apply for a private alternative loan or my parents may have to apply for a Parent PLUS loan if I have no federal student loan eligibility remaining for the year.
- o If eligible, loan funds will be applied to my university account.
- o If I owe a balance on my university account, I may not receive a refund to use for these costs.
- o I understand I will be contacted through my WIU e-mail account after review is complete.

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For the TEP Advisor:** Please indicate the cost and term incurred for each test or assessment to be taken during 2017-18. Forward this completed form to the Financial Aid Office.

Test/Assessment	Cost	Fall 17	Spring 18	Summer 18
Technology Competency Assessment (TCA)	\$			
English Language Learner (ELL) Assessment	\$			
Fingerprint Background Investigations	\$			
ACT Plus Writing	\$			
IL Subject Matter Tests	\$			
edTPA	\$			
Mileage (Course: _____) School Name/City: _____ Days per Week: _____ No. of Weeks: _____	\$0.50/mile			

Comments: \_\_\_\_\_

**TEP Advisor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_