

Name:

ID:

2025-26 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
Financial-aid@wiu.edu

I would like to be considered for additional loan eligibility due to program-specific costs that will be incurred during the 2025-26 academic year. I will request my Academic Advisor complete the information below.

I understand the following:

- The budget increase will be based only on the information confirmed below.
- 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.
- If eligible, loan funds will be applied to my university account.
- If I owe a balance on my university account, I may not receive a refund to use for these costs.
- 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 2025-26. Forward this completed form to the Financial Aid Office.

Test/Assessment	Cost	Fall 24	Spring 25	Summer 25
Technology Competency Assessment (TCA)	\$			
English Language Learner (ELL) Assessment	\$			
Fingerprint Background Investigations	\$			
ACT Plus Writing, or SAT or TAP	\$			
IL Subject Matter Tests	\$			
edTPA	\$			
Mileage (Course: _____) School Name/City: _____ Days per Week: _____ No. of Weeks: _____	\$0.56/mile			

Comments: _____

TEP Advisor's signature _____ **Date** _____

TEP Advisor's printed name _____ **WIU email** _____