



# 2024-25 Undergraduate REVISED Loan Request

Do not leave any fields blank. This form cannot be completed in pencil. Missing information will delay the processing of your loan.

Note: If it has been more than 14 calendar days since your loan disbursed to your account, we cannot reduce your loan.

STUDENT INFORMATION	
Student Name _____	AU Student ID _____
Borrower Name (if different from student) _____	
I am requesting a revision to my loan(s) from what I previously indicated on my account. Please disburse my loan amounts as indicated below. Note: <ul style="list-style-type: none"><li>Only indicate amounts for the loan(s) that you would like revised.</li><li>If you are increasing your loan amount(s), write the TOTAL amount accepted for the fall and spring semesters. For example, if you originally accepted \$3,500 and are requesting an additional \$2,000, indicate as follows: Increase Amount To: <u>\$5,500</u></li><li>The amount(s) will be divided between both fall and spring semesters unless you are attending only one semester.</li></ul>	
<b>Federal Direct Subsidized Loan</b>	
Increase Amount To: \$ _____	(TOTAL Amount Accepted)
Decrease Amount To: \$ _____	(TOTAL Amount Accepted)
<b>Federal Direct Unsubsidized Loan</b>	
Increase Amount To: \$ _____	(TOTAL Amount Accepted)
Decrease Amount To: \$ _____	(TOTAL Amount Accepted)
<b>Federal Direct Parent PLUS Loan</b>	
Increase Amount To: \$ _____	(TOTAL Amount Accepted)
Decrease Amount To: \$ _____	(TOTAL Amount Accepted)
<b>STATEMENT OF UNDERSTANDING:</b> I understand this form is not a loan application and a Master Promissory Note must be completed. I understand the school is neither the guarantor nor lender. I understand any loan I borrow must be repaid with interest. I understand my financial aid file must be complete before my loan can be processed. I understand I must be enrolled at least half-time throughout each term in order to receive my loan proceeds. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process my documents.	
Student Signature → <b>Must be drawn and not typed.</b> _____	Date _____

To return this form: Secure Document Uploader: [aurora.edu/submitfinaidforms](http://aurora.edu/submitfinaidforms)

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: [finaid@aurora.edu](mailto:finaid@aurora.edu) | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.

FAC24RLU  
11/15/23