



2022-23 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.

STUDENT INFORMATION	
Student Name _____	AU Student ID _____
Borrower Name (if different from student) _____	
<p>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.</p> <p>Note:</p> <ul style="list-style-type: none"> Only indicate amounts for the loan(s) that you would like revised. 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: <div style="margin-left: 40px;">Increase Amount To: \$<u>5,500</u></div> The amount(s) will be divided between both fall and spring semesters unless you are attending only one semester. 	
<u>Subsidized Stafford Loan</u>	
Increase Amount To: \$ _____	(TOTAL Amount Accepted)
Decrease Amount To: \$ _____	(TOTAL Amount Accepted)
<u>Unsubsidized Stafford Loan</u>	
Increase Amount To: \$ _____	(TOTAL Amount Accepted)
Decrease Amount To: \$ _____	(TOTAL Amount Accepted)
<u>Parent PLUS Loan</u>	
Increase Amount To: \$ _____	(TOTAL Amount Accepted)
Decrease Amount To: \$ _____	(TOTAL Amount Accepted)
<p>STATEMENT OF UNDERSTANDING: 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.</p>	
Student Signature → Must be drawn and not typed. _____	Date _____
Parent Signature (Parent PLUS Loan only) → Must be drawn and not typed. _____	Date _____

To return this form: Secure Document Uploader: 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 | Phone: 630-844-6190

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

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9/21/21