

2025-26 Graduate 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
I am requesting a revision t Please disburse my loan am	o my loan(s) from what I previously indicated on my account.
Note:	
Only indicate amounts	for the loan(s) that you would like revised.
If you are increasing y originally accepted \$3	our loan amount(s), write the TOTAL amount accepted for the fall and spring semesters. For example, if you 500 and are requesting an additional \$2,000, indicate as follows:
Increase Amount	To: \$ <u>5,500</u>
• The amount(s) will be divided between both fall and spring semesters unless you are attending only one semester.	
Federal Direct Unsubsidized Loan	
Increase Amount To:	\$(TOTAL Amount Accepted)
Decrease Amount To:	\$ (TOTAL Amount Accepted)
Federal Direct Graduate PLUS Loan:	
Increase Amount To:	\$(TOTAL Amount Accepted)
Decrease Amount To:	\$(TOTAL Amount Accepted)
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.	
Student Signature → Mus	t be drawn and not typed. Date

To return this form: Secure Document Uploader: <u>aurora.edu/submitfinaidforms</u>

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

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