AURORA UNIVERSITY

2027–2028 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) _____

This form is to request a revision to your loan(s) from what you previously indicated on your account. Please indicate below how the loan amounts should be disbursed.

Notes:

- 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:

  Increase Amount To: $5,500

- **The amount(s) will be divided between both fall and spring semesters unless you are attending only one semester.**

Federal Direct Subsidized Loan

Increase Amount To: $_____ (TOTAL Amount Accepted)

Decrease Amount To: $_____ (TOTAL Amount Accepted)

Federal Direct Unsubsidized Loan

Increase Amount To: $_____ (TOTAL Amount Accepted)

Decrease Amount To: $_____ (TOTAL Amount Accepted)

Federal Direct Parent 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 (This must be written by hand, 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.

FAC27RLU 10/1/2026

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