

Kean University Office of Financial Aid 1000 Morris Avenue Union, NJ 07083

2019-2020 Loan Adjustment Form

Student Name:	Kean ID #:	
Complete the appropriate section (select one only):		
OPTION 1: I decline the following loan(s) offered to me as follows:		
Type of Loan	Amount	Amount
	Fall 2019 / Spring 2020	Summer 1 / Summer 2
ederal Direct Stafford Loan	\$ /\$	\$ /\$
ederal Direct Unsubsidized Stafford Loan	\$ /\$	\$ /\$
ederal Graduate PLUS Loan	\$ /\$	\$ /\$
ederal Parent PLUS Loan (requires parent signature)	\$ /\$	\$ /\$
rivate Educational Loan	\$ /\$	\$ /\$
OPTION 2: I request the following loan(amount(s) as follows:	s) offered to me be reduced	to the stated
Type of Loan	Requested Amount	Requested Amount
	Fall 2019 / Spring 2020	Summer 1/ Summer 2
ederal Direct Stafford Loan	\$ /\$	\$ /\$
ederal Direct Unsubsidized Stafford Loan	\$ /\$	\$ /\$
ederal Graduate PLUS Loan	\$ /\$	\$ /\$
ederal Parent PLUS Loan (requires parent signature)	\$ /\$	\$ /\$
rivate Educational Loan	\$ /\$	\$ /\$
I am requesting a review for reinstatement or increase of the loan(s) that I previously declined or decreased. Some restrictions may apply before reinstatement. You <u>must</u> have completed Entrance Counseling and Master Promissory Note [MPN] at https://studentloans.gov prior to reinstatement.		
Type of Loan	Requested Amount	Requested Amount
	Fall 2019 / Spring 2020	Summer 1/ Summer 2
ederal Direct Stafford Loan	\$ /\$	\$ /\$
ederal Direct Unsubsidized Stafford Loan	\$ /\$	\$ /\$
ederal Graduate PLUS Loan	\$ /\$	\$ /\$
ederal Parent PLUS Loan (requires parent signature)	\$ /\$	\$ /\$
rivate Educational Loan	\$ /\$	\$ /\$
Student Signature:	Date:	
Parent Signature:	Date:	
(For Parent PLUS Loans only)		
Action reviewed by:	Date	

FC19LADJ

Signature of Financial Aid Officer