



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

2025-2026 Loan Adjustment Form

Student Name: _____ Kean ID #: _____

Complete the appropriate section (select **one** option only):

OPTION 1: _____ I decline the following loan(s) offered to me as follows:

Type of Loan	Declined Amount	
	Fall 2025 / Spring 2026	Summer 2026
Federal Direct Subsidized Stafford Loan	\$ / \$	\$
Federal Direct Unsubsidized Stafford Loan	\$ / \$	\$
Federal Direct Graduate PLUS Loan	\$ / \$	\$
Federal Direct Parent PLUS Loan (requires parent signature)	\$ / \$	\$
Private Educational Loan	\$ / \$	\$

OPTION 2: _____ I request the following loan(s) offered to me be **reduced** to the stated amount(s) as follows:

Type of Loan	Reduced Amount	
	Fall 2025 / Spring 2026	Summer 2026
Federal Direct Subsidized Stafford Loan	\$ / \$	\$
Federal Direct Unsubsidized Stafford Loan	\$ / \$	\$
Federal Direct Graduate PLUS Loan	\$ / \$	\$
Federal Direct Parent PLUS Loan (requires parent signature)	\$ / \$	\$
Private Educational Loan	\$ / \$	\$

OPTION 3: _____ 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 **must** have completed Entrance Counseling and Master Promissory Note [MPN] at <https://studentaid.gov> prior to reinstatement.

Type of Loan	Reinstated/Increased Amount	
	Fall 2025 / Spring 2026	Summer 2026
Federal Direct Subsidized Stafford Loan	\$ / \$	\$
Federal Direct Unsubsidized Stafford Loan	\$ / \$	\$
Federal Direct Graduate PLUS Loan	\$ / \$	\$
Federal Direct Parent PLUS Loan (requires parent signature)	\$ / \$	\$
Private Educational Loan	\$ / \$	\$

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(For Parent PLUS Loans only)

Action reviewed by: _____ Date: _____

Signature of Financial Aid Officer