



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

**2026-2027 Loan Adjustment Form**

Student Name: \_\_\_\_\_ Kean ID #: \_\_\_\_\_

Complete the appropriate section (select **one** option only); be sure to enter whole dollars only (no cents):

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

<b>Type of Loan</b>	Declined Amount: Enter Whole Dollars Only	
	Fall 2026 / Spring 2027	Summer 2027
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:

<b>Type of Loan</b>	Reduced Amount: Enter Whole Dollars Only	
	Fall 2026 / Spring 2027	Summer 2027
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.

<b>Type of Loan</b>	Reinstated/Increased Amount: Enter Whole Dollars Only	
	Fall 2026 / Spring 2027	Summer 2027
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