



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

2024-2025 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 | |
|---|-------------------------|---------------------|
| | Fall 2024 / Spring 2025 | Summer 1 / Summer 2 |
| 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 | Requested Amount | |
|---|-------------------------|--------------------|
| | Fall 2024 / Spring 2025 | Summer 1/ Summer 2 |
| 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 | Requested Amount | |
|---|-------------------------|--------------------|
| | Fall 2024 / Spring 2025 | Summer 1/ Summer 2 |
| 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