



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Office of Financial Aid

**Request to Increase Cost of Attendance
Academic Year 2022-2023**

Student Name: _____ Student ID #: _____

Instructions: Check any that apply, submit a personal statement explaining your extenuating circumstances, and provide documentation of your costs.

_____ **Housing/Rent:** Provide a copy of your lease or a written statement of your portion of the rental expenses.

_____ **Health Insurance:** Health insurance is purchased through Loyola, underwritten by Cigna Health Insurance Company

_____ **Summer courses (i.e. summer loans):** Request and complete the Summer Undergraduate Information Sheet

_____ **Meal Plan:** Meal plan is purchased for an off-campus or commuter student

_____ **Federal PLUS Loan fees:** Include the PLUS Loan origination fee in the total amount borrower

_____ **Other:** _____

I certify that the information submitted in support of this appeal is true and complete to the best of my knowledge. I understand that approval of this request does not assure approval of a similar future request and that this appeal only increases my overall cost of attendance, not my financial aid eligibility. My financial aid award may not change as a result of this appeal.

Student Signature: _____ Date: _____

Submit completed form through the financial aid self-service portal,
<https://www.loyola.edu/selfservice>

For Office Use Only

Adjustment made: \$ _____ Semester: _____ Date: _____

Staff member initials: _____

Comments: _____
