



Student's Name: _____

Loyola ID or DOB: _____

2026-2027 Request to Increase Cost of Attendance

Check any of the follow that apply.

_____ **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.

_____ **Other:** _____

Certification

By signing this form, 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 because of this appeal.

TYPED SIGNATURES NOT ACCEPTED. Please sign by stylus OR print and sign in ink.

Student's signature: _____

Date: _____

Submit this completed form and any attachments (if applicable) to Loyola University Maryland's Financial Aid [self-service portal](https://loyola.edu/self-service).

****For Office Use Only****

Adjustment made: _____

Semester: _____

Date: _____

Staff initials: _____

Comments: