



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Office of Financial Aid

Request to Increase Cost of Attendance
Academic Year 2023-2024

Student Name: Student ID #:

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

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

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 to Renata Bass, Assistant Director, rbass@loyola.edu

For Office Use Only
Adjustment made: \$ Semester: Date:
Staff member initials:
Comments: