



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Office of Financial Aid

Request to Increase Cost of Attendance
Academic Year 2024-2025

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 Loyola University Maryland Financial Aid Self-Service portal, https://www.loyola.edu/selfservice

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