LOYOLA
UNIVERSITY MARYLAND

Office of Financial Aid
Phone: 410-617-2576

Student's Name: _____ Loyola ID or DOB: _____

2027-2028 Request to Increase Cost of Attendance

Check any of the following 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 Portal.

For Office Use Only

Adjustment made: _____ Semester: _____ Date: _____ Staff initials: _____