



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Office of Financial Aid

2026-2027 Request to Increase Cost of Attendance

Student Name: _____ Student Loyola ID: _____

Instructions: Check any below 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 because 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: _____