



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 ~~8.-4.) 600-41) Dwl 14542)ply.) Dwl 1nt) Indl() Dwl 30-4g.) Dwl 20-2al.~~

\_\_\_\_\_ **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

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>

|  |
|--|
| <p>For Office Use Only</p> <p>Adjustment made: \$ _____ Semester: _____ Date: _____</p> <p>Staff member initials: _____</p> <p>Comments: _____</p> |
|--|