



Office of Financial Aid

2025-2026 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 borrowed

\_\_\_\_\_ 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 ~~total~~ 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: _____