

Office of Financial Aid

Request to Increase Cost of Attendance  
Academic Year 2023-2024

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Instructions: Check any that apply, submit a personal statement explaining your extenuating circumstances, and provide documentation of your DFWs. D O

\_\_\_\_\_ 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

\_\_\_\_\_ Meal Plan: Meal plan is purchased for an off-campus or commuter student

\_\_\_\_\_ 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 ensure approval of a similar future request and that my request will be reviewed on a case-by-case basis.  
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