2017–2018 Budget Adjustment Appeal

<table>
<thead>
<tr>
<th>Student Name: ____________________</th>
<th>Loyola ID: ____________________</th>
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<tbody>
<tr>
<td>(Please print)</td>
<td>(Your 11-digit Loyola ID number begins 0000)</td>
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Appeal forms and ALL supporting documentation must be submitted at least 4 weeks prior to the end of the term.

The Financial Aid Office has developed Cost of Attendance budgets for students using estimated and average educational expenses for the period in which a student is enrolled. This form allows students to request adjustments to the standard budget amounts for necessary and unexpected expenses incurred while classes are in session at Loyola.

This form must be completely filled out and corresponding documents submitted to initiate a review of your circumstances. Expenses for which adjustments will not be made include rent/mortgage costs, credit card or car payments, everyday living expenses, such as groceries or utilities, etc.

Planned Credit Hour Enrollment: M1 _______ M2 ________ M3________ M4 ________

**Planned Credit Hour Enrollment**

<table>
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<tr>
<th>Expense</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>_______</td>
<td>(i.e. Monthly, Weekly, One-Time)</td>
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**NOTE:** Do not include payments for expenses incurred prior to your enrollment at Loyola.

- **Computer Purchase (Only once per academic program)**
  
  (Attach paid receipt. Maximum allowed $2,500)

- **Insurance (Health/life)**
  
  (Attach copies of payment)

- **Tests – Bar Exam, State Licensing Exam, etc.**
  
  (Attach paid receipt. Only direct cost of one exam.)

- **Emergency/One-Time Medical Expenses**
  
  (Attach paid receipts. Must have occurred during current enrollment)

- **Child Care Expenses (Independent students ONLY)**
  
  (Attach proof of payment and billing statements for each child)

- **Car Repair Expense (Lifetime maximum $5,000)**
  
  (Attach paid receipt.)

- **Other:**
  
  (Attach appropriate documentation for expense)

**Total Additional Funds Requested** $__________

Financial Aid Office, Health Sciences Campus
Building 120, Room 210
2160 South First Avenue Maywood, IL 60153
Phone: 708.216.3227 Fax: 708.216.0480
Scan completed form and E-mail to ssomfinaid@luc.edu
Please explain the circumstances and reason for this appeal. Include all pertinent details to justify the detailed expenses provided on this form. **Appeals submitted without an explanation will not be reviewed.** Only include expenses incurred while enrolled during this academic year.

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in denial of this appeal.

Student Signature*                      Date

*Typed and digital signatures are not acceptable