2017–2018 Change in Living Arrangement – Medical Student

Student Name: ___________________________ Loyola ID: ___________________________
(Please print) (Your 11-digit Loyola ID number begins 0000)

I authorize the Financial Aid Office to change my originally reported living arrangement and revise my financial aid award, if necessary.

For the 2017–2018 academic year, I will be living:

☐ On Campus
☐ Off Campus/Apartment
☐ At Home/Commuting

For the 2017-2018 academic year, I will be a:

☐ First Year
☐ Second Year
☐ Third Year
☐ Fourth Year

Certification Statement:
All of the information provided on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information provided on this form. Proof may include court documents, canceled checks, copy of a lease, etc. Failure to provide the requested information will result in denial of the appeal.

__________________________________________  ________________________
Student Signature*  Date

*Typed and digital signatures are not acceptable

LG_ HSD 2018