

**Financial Aid Office, Health Sciences Campus**  
 Building 120, Room 210  
 2160 South First Avenue  
 Maywood, IL 60153 Phone: 708.216.3227



*Preparing people to lead extraordinary lives*

**Scan completed form and upload to <https://forms.luc.edu/faoupload>**

**2020–2021 Budget Adjustment Appeal**

**Student Name:** \_\_\_\_\_  
 (Please print)

**Loyola ID:** \_\_\_\_\_  
 (Your 11-digit Loyola ID number begins 0000)

**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. NOTE: Do not include payments for expenses incurred prior to your enrollment at Loyola.**

**Planned Credit Hour Enrollment:** M1 \_\_\_\_\_ M2 \_\_\_\_\_ M3 \_\_\_\_\_ M4 \_\_\_\_\_

	<b>Expense</b>	<b>Frequency</b> (i.e. Monthly, Weekly, One-Time)
<b>Tuition and/or Fees above amount initially budgeted</b> (No documentation necessary – charges in LOCUS)	_____	_____
<b>Computer Purchase-<u>One Time Only</u></b> (Attach paid receipt. Maximum allowed \$2,500)	_____	_____
<b>Health Insurance</b> -Maximum = student health insurance offered through Loyola (Attach copies of payment and coverage dates)	_____	_____
<b>Emergency/One-Time Medical Expenses</b> (Attach <u>paid</u> receipts for expenses)	_____	_____
<b>Child Care Expenses-Independent students ONLY</b> (Attach billing statements with proof of monthly expense)	_____	_____
<b>Car Repair Expense-Lifetime maximum \$5,000</b> (Attach paid receipt)	_____	_____
<b>Other:</b> _____ (Attach appropriate documentation)	_____	_____
<b>Total Additional Funds Requested</b>	<b>\$</b> _____	_____

