

Financial Aid Office, Health Sciences Campus

Building 120, Room 210

2160 South First Avenue

Maywood, IL 60153 Phone: 708.216.3227

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



Preparing people to lead extraordinary lives

2022–2023 Change in Living Arrangement

Student Name: _____
(Please print)

Loyola ID: _____
(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 2022–2023 academic year, I will be living:

- Off Campus/Apartment
- At Home/Commuting

For the 2022-2023 academic year, I will be a:

- M1
- M2
- M3
- M4

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*

HSC LG 2023