**Financial Aid Office**
1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704
**Scan completed form and upload to https://forms.luc.edu/faoupload**

LOYOLA UNIVERSITY CHICAGO 1870 AD MAJOREM DEI GLORIAM

*Preparing people to lead extraordinary lives*

## 2025–2026 Budget Adjustment Appeal

**Student Name:**_____ **Loyola ID:** _____
(Please print) (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. An academic year budget is equal to 9 months.

**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 credit card or car payments, everyday living expenses such as groceries, personal care items, etc. NOTE: Do not include payments for expenses incurred prior to your enrollment at Loyola.**

**Planned Credit Hour Enrollment:** **Fall** _____ **Spring** _____

**BUSN:** **Fall** _____ **Winter** _____ **Spring** _____

| | **Expense** | **Frequency** (i.e. weekly, monthly, once) |
|---|---|---|
| **Tuition and/or Fees above amount initially budgeted** (No documentation necessary – charges in LOCUS) | | |
| **Computer Purchase-Only once per academic program** (Maximum allowed $2,500) | | |
| **Health Insurance-Maximum = student health insurance offered through Loyola** (Attach copies of payment and coverage dates) | | |
| **Tests-Bar Exam, State Licensing Exam, etc.** (Attach paid receipt or registration confirmation for direct cost of one exam) | | |
| **Emergency/One-Time Medical Expenses** (Attach paid receipts for expenses) | | |
| **Child Care Expenses-Independent students ONLY** (Attach billing statements with proof of monthly expense) | | |
| **Car Repair Expense-Lifetime maximum $5,000** (Attach paid receipt) | | |
| **Housing** (Attach lease and a statement explaining why your expenses must be higher than our budgeted amount, maximum increase: $2200 rent and utilities per month for undergraduates. $2750 rent and utilities per month for graduate, law, and graduate business.) | | |

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

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 may not be reviewed.**

**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*

1B 2026