

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/faupload>



Preparing people to lead extraordinary lives

2026–2027 Enrollment Verification

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

Please complete the following to indicate your current or projected enrollment.

By signing below, you authorize the Financial Aid Office to make all appropriate changes to your financial aid award. In addition, your signature indicates that you understand that your award may be adjusted based on this change in enrollment.

I certify that I am/will be enrolled in _____ credit hours for Fall 2026

I certify that I am/will be enrolled in _____ credit hours for Winter 2026 (Graduate Business students only)

I certify that I am/will be enrolled in _____ credit hours for Spring 2027

I certify that I am/will be enrolled in _____ credit hours for Summer 2027

Certification Statement:

All the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information I have provided on this form. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature*

Date

**Typed and digital signatures are not acceptable*

EZ 2027