

Columbia University in The City Of New York

Office of Student Financial Planning

202 Kent Hall MC 9203 1140 Amsterdam Avenue New York, NY 10027

Phone: 212-854-7040 Fax: 212-854-2818 Email: sfp@columbia.edu

BUDGET ADJUSTMENT FORM 2019-2020

| | |
|--------------------------|--------------------------|
| Student's Name | Student ID# or UNI |
| School/Academic Division | Email |
| Telephone Number | Expected Graduation Date |

Your financial aid is based on the direct cost for tuition and fees plus estimated allowances for other living expenses you incur during the academic year. A budget adjustment allows us to increase your cost of attendance for **periods of enrollment** based on documented expenses you incurred or will incur. Budget adjustments will only be performed for the semester(s) in which you are enrolled at least half time in an approved degree or certificate program. **Please note that this budget increase form will NOT be considered without the REQUIRED DOCUMENTS attached. Please use black ink only to complete.**

The following is a breakdown of the current budget standards:

| | |
|-----------|------------------|
| RENT | \$1377 per month |
| UTILITIES | \$395 per month |
| *FOOD | \$652 per month |
| *PERSONAL | \$572 per month |
| TRAVEL | \$121 per month |

Please indicate the monthly cost of the expenses you are requesting to increase:

| EXPENSE | YOUR MONTHLY COST | REQUIRED DOCUMENT(S) |
|-------------------------------------|-------------------|------------------------------------|
| RENT (cannot exceed \$2000 a month) | | Copy of lease |
| UTILITIES | | Copy of bill(s) |
| TRAVEL | | Receipts of public commuting costs |

*Food and Personal allotments cannot be altered.

Other expenses that may be considered to be increased:

| EXPENSE | YOUR MONTHLY COST | REQUIRED DOCUMENT(S) |
|--|-------------------|--|
| Medical Expenses | | Proof that it is not covered by insurance |
| <u>Required School-related Expenses</u> | | Outline of expenses (Must be authorized by school) |
| <u>One-Time Computer Purchase (cannot exceed \$2500)</u> | | Copy of receipt/bill of sale |
| Child Care | | Receipts for all expenses |

Student's Signature

Date

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For Office Use Only:

Increase Approved: Yes No

If "NO", Reason for Denial:

Officer's Signature

Date

Officer's Signature

Date