



GRADUATE SCHOOL  
OF ARTS AND SCIENCES  
COLUMBIA UNIVERSITY

Office of Financial Aid  
107 Low Memorial Library, MC: 4304  
gsas-finaid@columbia.edu

## **2022-2023 Budget Adjustment Application**

The Cost of Attendance (COA) is a budget that is comprised of standard student educational expenses, such as tuition, health insurance and related fees, books, supplies, etc. A "modest, but adequate" philosophy guides the development of Columbia University's Graduate School of Arts and Sciences COA. However, if you have legitimate and reasonable education-related expenses causing you to exceed the approved student budget, you are permitted to request a budget adjustment within the guidelines listed below.

Submitting an application for budget adjustment does not guarantee that an adjustment to your budget can be made. Requests for budget adjustments are considered on a case-by-case basis. Statements and explanations provided by the student, family, other relatives/friends, etc. do not constitute supporting documentation for budget adjustments. Depending on the reason for the requested increase and in order for the Financial Aid Office to determine if an increase is allowable, students may be asked to submit additional supporting documents beyond those originally submitted.

All adjustments are reviewed by the Budget Adjustment committee within the Office of Financial Aid of the Graduate School of Arts and Sciences. When a determination has been made regarding your request, you will be notified via e-mail of the results. If your request is approved, you will receive a notification via e-mail informing you of your overall loan eligibility and further instructions on how to apply for additional loan funding.

### **Deadlines for applying:**

The financial aid office will review requests for budget increases or adjustments at any time during the award year and awarding cycle.

### **Procedures for the Budget Adjustment Application**

Prior to completing the enclosed application, please read the procedures for a budget increase to gain a better understanding of the acceptable items for a budget adjustment.

This form must be completed in its entirety by all students requesting an adjustment to their student budget. In order for your application to be considered complete, Federal guidelines, require that you provide the appropriate documentation for each item supporting your request for a budget increase. Notwithstanding the information and documentation you provide in your request, we may require additional, clarifying information from you.



**Budget Adjustments will be considered for the following items:** All expenses must be incurred within the 9-month academic year (September 2022- May 2023)

- **Living expenses in excess of budgeted cost**, which includes:
  - Rent
  - Utilities
    - Gas, Electricity, Water, Heat, Cellphone, Internet, Cable
  - Food
  - Personal Care
  - Monthly Medical/Disability Related Expenses (not covered by an outside agency)
  - Monthly Dental Expenses (not covered by an outside agency)
  - Monthly Prescriptions/ Co-Payments (not covered by an outside agency)
  - Additional Course-Related Expenses
  - Monthly Childcare Expenses
- **One Time expenses**, which includes:
  - Computer Purchase
  - One-time Medical/Disability Expense (not covered by an outside agency)
  - One-time Dental Expense (not covered by an outside agency)
  - Transportation home (two trips per academic year)
  - Emergency Travel in excess of the two trips home (extreme illness or death in the family)

**The following expenses will NOT be considered allowable adjustment expenses** (this is not necessarily an exhaustive list):

- Expenses incurred during periods of non-enrollment or outside the current academic year
- Student account balances from a prior term
- Entertainment Expenses
- Student Club Fees or Dues
- Consumer Related Debt
  - Car payment, Car Insurance, Credit Card payments, Student Loan Payments
- Graduate and Professional Travel Expenses: unless otherwise determined by your department to be necessary and/or mandatory in the completion of your educational degree
- Resume preparation
- Job Interview Expenses
- Moving expenses, security deposits and broker fees; nor will
- The school make adjustments to student budgets for insignificant differences (approximately 5 percent or less) between the Office's estimates and the student's actual expenditures.



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## 2022-2023 Budget Adjustment Application

### PART I: STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_ UNI: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department: \_\_\_\_\_

Please CHECK all the semesters you intend to be enrolled at Columbia University during the current Academic Year:

\_\_\_\_\_ Summer '22, \_\_\_\_\_ Fall '22, \_\_\_\_\_ Spring '23.

Have you received financial aid up to the maximum allowed student budget? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you share living expenses with others? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s) of other(s) and relationship (you may attach supplemental narrative, if necessary)

- |                    |                    |
|--------------------|--------------------|
| 1. Full Name _____ | Relationship _____ |
| 2. Full Name _____ | Relationship _____ |
| 3. Full Name _____ | Relationship _____ |
| 4. Full Name _____ | Relationship _____ |
| 5. Full Name _____ | Relationship _____ |

Please explain in detail below (or attach a narrative) for the basis for this request

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**PART II: STUDENT'S EDUCATIONAL-RELATED EXPENSES WORKSHEET**

**MONTHLY LIVING EXPENSES** (9-month Academic Year)

Fill in the items for your monthly educational-related expenses that you incurred during the current academic year and attach supporting documentation for each listed expense.

Budget Item	Expense	Required Documentation (must be dated within the academic year in which you are applying)
RENT	\$	Signed copy of lease/rental agreement
UTILITIES (GAS, ELECTRICITY, WATER, HEAT, CELLPHONE, INTERNET, CABLE)	\$	Copies of bill(s) or proof of payment: must provide (2-3 months' worth)
FOOD*	\$	Copy of receipts or related documentation (2-3 months' worth)
PERSONAL CARE	\$	Copy of receipts or related documentation (2-3 months' worth)
MEDICAL/ DISABILITY RELATED EXPENSES	\$	Itemized bill(s) showing amount covered by outside agency (insurance) and out of pocket expenses. Only out of pocket expenses are eligible for adjustment. (2-3 months' worth)
DENTAL EXPENSES	\$	Itemized bill(s) showing amount covered by outside agency (insurance) and out of pocket expenses. Only out of pocket expenses are eligible for adjustment. (2-3 months' worth)
PRESCRIPTION/CO- PAYMENTS	\$	Itemized bill(s) showing amount covered by outside agency (insurance) and out of pocket expenses. Only out of pocket expenses are eligible for adjustment. (2-3 months' worth)
CHILD CARE EXPENSE**	\$	Copy of contact and proof of payment (2-3 months' worth of payments)
OTHER: _____	\$	Copy of receipts or related documentation (2-3 months' worth)
<b>TOTAL MONTHLY EXPENSES</b>	\$	

**PLEASE NOTE:** \*If no documentation is provided, we will use GSAS Office of Financial Aid per diem rates for students\*

\*\*If you have child care expenses as one of your items, please complete the "Explanation of Child Care Expenses".



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**PART II: STUDENT’S EDUCATIONAL-RELATED EXPENSES WORKSHEET (Continued)**

**STUDENT’S ONE-TIME EDUCATIONAL EXPENSES**

Fill in the items for your one-time expense that you incurred during the current academic year and attach supporting documentation for each listed expense.

<b>Budget Item</b>	<b>Expense</b>	<b>Required Documentation (must be dated within the academic year in which you are applying)</b>
Computer Expense	\$	Copy of itemized receipt showing proof of payment
One-time Medical/ Disability Related Expense (not covered by an outside agency)	\$	Itemized bill showing amount covered by outside agency (insurance) and out of pocket expenses. Only out of pocket expenses are eligible for adjustment.
One-time Dental Expense (not covered by an outside agency)	\$	Itemized bill showing amount covered by outside agency (insurance) and out of pocket expenses. Only out of pocket expenses are eligible for adjustment.
Transportation home (up to two trips per academic year)	\$	Copy of itemized receipt for travel related expenses
Emergency Travel in excess of the two trips home (extreme illness or death in the family)	\$	Copy of itemized receipt for travel related expenses
Other: _____	\$	Copy of receipts or related documentation
<b>Total One-time Expenses incurred during the CURRENT Academic Year</b>	\$	



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**PART III: STUDENT CERTIFICATION AND ACKNOWLEDGEMENT OF REQUEST**

I certify that this information is complete and accurate to the best of my knowledge and have included appropriate receipts to support this request. I understand that, because of fund limitations, increases in my financial aid budget (and need) will be met with a Direct Loan and/or Alternative Loan programs. I acknowledge that GSAS Office of Financial Aid may request additional documentation in support of my application. I also acknowledge that my request for budget adjustment will not be processed if I fail to comply with a request from GSAS Office of Financial Aid for additional supporting documentation.

**Student's Signature** \_\_\_\_\_ **Uni:** \_\_\_\_\_ **Date** \_\_\_\_\_

Upon completion, submit your application with appropriate documentation to the GSAS Financial Aid Office, 107 Low Memorial Library, 535 W. 116<sup>th</sup> St New York, NY 10027. Applications are reviewed within 2 weeks of receipt. You will be notified via e-mail regarding the decision of your request.

**FOR OFFICE USE ONLY**

	Staff initials: _____ Date processed: _____  \$_____ Total Amount Approved for Budget Increase.
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**EXPLANATION OF CHILD CARE EXPENSES**

If you have to pay someone to care for your dependent child(ren) during a period of your enrollment at Columbia University, we are allowed to add these expenses to your budget and increase your financial aid eligibility. Please complete the "Explanation of Child Care" worksheet to list your child(ren) who is receiving child care and to report the monthly amount that is being paid directly to you (or on your behalf) for each child for whom you are submitting child care expenses. Also, please indicate the name of the agency that is providing this assistance.

	<b>Child's Full Name</b>	<b>Age</b>	<b>Monthly Expense</b>	<b>Child care provider</b> (List Name and Address)	<b>Amount Paid By External Agency</b> (List Name and Amount)
1.					
2.					
3.					

**PLEASE NOTE:** If you are reporting child care expenses, *you must also report any assistance you are receiving* from any of the various agencies that provide assistance with child care expenses. We can increase your budget for child care expenses but cannot offer you financial aid to cover these expenses if they are already being paid directly to you or on your behalf by another agency.

**Student's Signature** \_\_\_\_\_ **Uni:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please be sure to attach the child care contract and proof of payment (such as a cancelled check or receipt) along with this application.