



# Statement of Understanding for External Fellowship Awards

STUDENT NAME	Last:	First:	M <input type="checkbox"/>	F <input type="checkbox"/>
STUDENT PID	C00	STUDENT UNI	FIRST TERM OF GSAS REGISTRATION	
DOCTORAL PROGRAM				

**Submit this form along with a copy of your external fellowship award letter to the GSAS Office of Financial Aid** (107 Low Library, or [gsas-finaid@columbia.edu](mailto:gsas-finaid@columbia.edu)) by **August 1** for any fall semester and full-year awards, and by **December 15** for any spring semester awards.

DURATION OF AWARD (in semesters or years)	
NAME OF FUNDING ORGANIZATION	
AMOUNT OF STIPEND (per year) \$	AMOUNT OF TUITION (per year) \$
FEES OR ADDITIONAL AWARD AMOUNT (please specify use/purpose)	
\$	

Prior to making your selection, we encourage you to read the GSAS External Fellowship Policy found here: [gsas.columbia.edu/external-fellowship-policy](https://gsas.columbia.edu/external-fellowship-policy).

In accordance with this policy, you may elect to:

**1) Top-off your external fellowship:** supplement your outside award with GSAS funding up to a maximum of \$6,000 above the standard academic year stipend.

*Note: This option will count as a GSAS funded semester(s).*

**2) Extend your GSAS funding:** defer up to one academic year of your GSAS funding package to use during a future academic year or semester.

*Note: Any banked funding must be used before the end of your 7th year.*

<input type="checkbox"/> I wish to <b>top-off</b> for the following period(s):  Fall only <input type="text"/> Spring only <input type="text"/> or Full academic year <input type="text"/>	<input type="checkbox"/> I wish to <b>extend</b> my GSAS funding, and therefore, receive no top-off for the following period(s):  Fall only <input type="text"/> Spring only <input type="text"/> or Full academic year <input type="text"/>
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*I certify that the information provided by me on this form is complete and accurate.*

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENTAL ADMINISTRATOR SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE RECEIVED BY OFFICE OF FINANCIAL AID \_\_\_\_\_