Columbia University - Office Of Student Financial Planning 202 Kent Hall, MC 9208, 1140 Amsterdam Avenue, New York, NY 10027 Phone: 212-854-7040 Fax: 212-854-2818 Email: sfp@columbia.edu

BUDGET ADJUSTMENT FORM 2015-2016

Student's Name		-	Student ID# or UNI	
		_		
School/Academic Division		I	Email	
Telephone Number		İ	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.				
The following is a breakdown of the current budget s RENT \$1188				
UTILITIES		\$1188 per month \$324 per month		
*FOOD		\$573 per month		
*PERSONAL		\$470 per month		
RAVEL		\$176 per month		
TRAVEL \$170 per mondi				
Please indicate the monthly cost of the expenses you are requesting to increase:				
EXPENSE	YOUR MONTHLY	COST	REQUIRED DOCUMENT(S)	
RENT			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		REQUIRED DOCUMENT(S)	
			Proof that it is not covered by	
Medical Expenses			insurance	
Required School-related			Outline of expenses	
Expenses			(Must be authorized by school)	
One-Time Computer Purchase			Copy of receipt/bill of sale	
Child Care			Receipts for all expenses	
Student's Signature		-	Date	
Officer's Signature		-	Date	
Officer's Signature		ī	Date	