Columbia University in The City Of New York Office of Student Financial Planning 210 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 2023-2024

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. <u>Budget adjustments will only</u> be performed for the semester(s) in which you are enrolled at least half time in an approved degree or certificate program. <u>Please note that this budget increase form</u> will NOT be considered without the REQUIRED DOCUMENTS attached. Please use <u>black ink only to complete.</u>

The following is a breakdown of the current budget standards:

RENT	\$1587 per month
UTILITIES	\$395 per month
FOOD	\$724 per month
PERSONAL	\$660 per month
TRAVEL	\$127 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

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
Disability Expenses		Proof that it is not covered by
		insurance or an outside agency
Required School-related		Outline of expenses
Expenses		(Must be authorized by school)
One-Time Computer		
Purchase (cannot		Copy of receipt/bill of sale
exceed \$2500)		
Child Care		Passinta for all expenses
		Receipts for all expenses

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For Office Use Only:

Increase Approved: Yes No

If "NO", Reason for Denial:

Officer's Signature

Officer's Signature

Date

Date