

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 Email: sfp@columbia.edu

BUDGET ADJUSTMENT FORM 2025-2026

_____ 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:

Category	Current budget
RENT	\$1,747 per month
FOOD	\$186 per week
PERSONAL	\$390 per month
TRAVEL	\$147 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
FOOD		Copy of receipts
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
<u>Required</u> School-related Expenses		Outline of expenses (Must be authorized by school)
Computer Purchase (cannot exceed \$2500)		Copy of receipt/bill of sale
Child Care		Receipts for all expenses

Student's Signature

Date

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(Continued on page 2)

For Office Use Only:

Increase Approved: Yes No

If "NO", Reason for Denial:

Officer's Signature

Date

Officer's Signature

Date