Budget Appeal Request Form

Columbia Business School is able to offer you financial aid to cover the Cost of Attendance (COA) during the academic year. The COA is a budget comprised of standard educational expenses incurred by students such as tuition, fees, housing, books, etc. Columbia Business School uses average amounts for all non-tuition and fee budget items based on student surveys and statistical information. This budget must reflect a modest student lifestyle. We strongly encourage students to plan and budget their expenses and aid so that they stay within the COA set by the school.

We do, however, understand that in certain situations the COA does not accurately reflect the costs a student will incur during the academic year. In such cases, you may appeal to have your budget increased within the guidelines below.

Prior to completing the form on page 2, please carefully read the information below regarding acceptable items for a budget appeal.

Budget appeals will be considered for the following items:

- Rent in excess of budgeted cost
- Child care expenses (must be within average child care expenses in the area)
- Disability related expenses not covered by an outside agency
- Computer purchase (one time only)
- Clothes for internship (1st year August entry only, $500 maximum)
- Non-elective medical, dental or vision expenses not covered by insurance
- Additional course-related expenses
- One trip home per academic year
- Emergency travel in excess of one trip home per year (death or extreme illness in the family)

Budget appeals can NOT be accepted for the following items:

- Club dues or fees
- Credit card payments
- Educational or private loan repayment
- Discretionary medical or dental procedures
- Student conferences
- Purchase/maintenance of a car
- Job interview expenses
- Expenses that occur outside of the academic year
- CPA or other exams

PLEASE NOTE: Submitting an appeal does not guarantee that an adjustment will be made. All adjustments are made at the discretion of the Budget Appeal Committee according to federal regulations regarding professional judgment. Final approval must be issued by the Assistant Dean of Financial Aid. When a decision regarding your budget appeal has been reached, you will be emailed the results. An approved budget increase will result in an increase of alternative loan eligibility. The email you receive will include the amount for which you are approved, if any, and further instructions on how to apply for the additional loan funds.
Name: ____________________________  UNI: __________________

Phone: ____________________________

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Expense</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent (above standard $1,450 allotment)</td>
<td>$</td>
<td>Signed copy of lease/rental agreement. Cannot exceed 50% above current rent allocation ($2,175).</td>
</tr>
<tr>
<td>Utilities (above $200 standard allotment)²</td>
<td>$</td>
<td>Copies of any applicable gas, electric, phone and internet bills in the same month exceeding $200</td>
</tr>
<tr>
<td>Child Care²</td>
<td>$</td>
<td>Contract and one cancelled check</td>
</tr>
<tr>
<td>Computer Purchase³</td>
<td>$</td>
<td>Copy of itemized receipt showing proof of payment</td>
</tr>
<tr>
<td>Dental, Medical or Vision Expenses</td>
<td>$</td>
<td>Itemized bill showing amount covered by insurance and amount of out-of-pocket expenses. Only out-of-pocket expenses are eligible for appeal</td>
</tr>
<tr>
<td>Trip Home</td>
<td>$</td>
<td>Itemized receipt for travel-related expenses (1 per year)</td>
</tr>
<tr>
<td>Clothing for Internship</td>
<td>$</td>
<td>Available to 1st years only with an itemized receipt. $500 maximum</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
<td>Copies of receipts or related documentation</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
<td>Copies of receipts or related documentation</td>
</tr>
</tbody>
</table>

Please explain the reason(s) for your appeal. Attach all supporting documents. Federal guidelines require documentation for every dollar granted above the standard published Cost of Attendance:

________________________________________________________________________

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________________________________________________________________________

By signing this form you agree that all of the information and documentation presented to the Office of Financial Aid is accurate to the best of your knowledge and that you will notify the Office of Financial Aid if there is any change to the information you have provided. Appeals are reviewed within 2 weeks of receipt. You will be notified via email of the decision regarding your request.

Signature: ____________________________  Date: ___________

¹ Must provide 2-3 months’ worth of bills
² Maximums per month: Child under age 2: $1,785, Ages 3-5: $1,439, Ages 6-12: $1,265. Child care does not include private school.
³ Maximum of $2,000, one-time only purchase.