Columbia University School of Nursing Financial Aid
617 West 168th Street, New York N.Y. 10032, Suite 134 (P) 212-305-8147, (F) 212-342-3189, (E)sonfinaid@columbia.edu

2014 – 2015 BUDGET APPEAL FORM

Columbia University, School of Nursing recognizes that a student’s total expenses for the academic year may exceed the School of Nursing standard cost of attendance. This appeal form allows the Office of Financial Aid to examine selected education related expenses and evaluate your option for additional loan funding.

The Office of Financial Aid will review this request within 12 - 15 business days. Decisions are based upon your provided documentation and are directed by administrative parameters previously established by Columbia University School of Nursing. All decisions are final.

Please Note: Incomplete requests will not be processed until all supporting documentation is received. Documentation must be provided for all claimed items. Note: Additional information may be requested at a later date.

Last Name_______________________________ First Name___________________________ UNI/CUID ____________
Phone #___________________ Semester: ____________________

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Items considered</th>
<th>Monthly Amount where applicable</th>
<th>Documentation</th>
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</thead>
</table>
| Room & Board          | Off Campus                                                                       |                                 | -A signed and dated letter from the lease-holder of occupancy\
|                       | Maximum Allocation: $2000 per month                                              |                                 | -Copy of signed lease\
|                       | -Food cannot be increased                                                        |                                 | -Copy of utility bill\
|                       | -Mortgage payments, if owning a home                                             |                                 | -Receipt/s\
|                       | -Only a student's portion is taken into account.  (Spouse and roommate portion is NOT considered) |                                 | Rent: $_______\
|                       | -Broker Fees                                                                     |                                 | Utilities: $_______\
| Transportation        | Maximum Allocation: $1248 yearly MTA/Metro North                                  |                                 | -Receipt/s\
|                       | -Cabs                                                                            |                                 | $___________\
|                       | -Rentals                                                                         |                                 |\
|                       | -Private Parking                                                                |                                 |\
|                       | -Car or car insurance                                                           |                                 |\
| Medical/Dental        | Maximum Allocation: $2000 per semester                                           |                                 | -detailed letter from doctor which affirms scheduled visits/therapy\
| Expenses              | -Medical/dental expenses that are not covered by insurance                      |                                 | -letter from Student Health Services explaining what is not covered by insurance\
|                       | -co- pays are included in personal expenses                                     |                                 | $___________\
| Child Care            | Maximum Allocation: $2000 per semester                                           |                                 | -Signed contract from child care servicer with payment schedule\
|                       | -Family member care                                                             |                                 | -Receipts/s\
|                       | -Will not cover children expenses over the age of 12 years                     |                                 | -Copy of bills\
| Loan Fees             | Federal loan fees can be borrowed (Amount determined by FA administrator)       | Subsidized Loan Unsubsidized Loan Graduate Plus Loan (circle one) | Extra loan should be accepted on NetPartner and Loan request form must be filled out online\

If your budget appeal is approved, it will not automatically increase your financial aid. If approved and your budget allows for additional loans, the Financial Aid Office will send a revised award letter to you with the suggested amount.

Please confirm that all the information on this form is true and accurate to the best of your knowledge. The penalty for intentionally giving false information may include the forfeiture and return of any funds received.

REV 2/14
Student Signature___________________________________________ Date _____________________________
Approved By_______________________________________________ Date______________________________

Please complete this form and submit WITH THE APPROPRIATE DOCUMENTATION.