



COLUMBIA UNIVERSITY SCHOOL OF NURSING

APPLICATION/DEPOSIT FEE WAIVER REQUEST FORM

LAST NAME

FIRST NAME

MIDDLE NAME

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

DAY TELEPHONE

E-MAIL ADDRESS

PROGRAM OF STUDY

This fee waiver request must be completed three weeks prior to the deadline of the respective program. Columbia University School of Nursing requires the proper documentation demonstrating need of the applicant. This documentation can be, but is not limited to, a copy of your current financial aid package, unemployment forms, W2 forms, or previous tax information.

1. Family Size (including yourself) _____
2. Number of Dependents
(as defined by Federal Income Tax Form) _____
3. Household Expenses _____
4. Gross Family Income (including your own)
As Reported on the Latest Federal Income Tax Form: _____
5. Are you a full-time student,
unemployed, or currently serving
in the military? _____

Fee waivers are only granted to applicants that satisfy the financial requirements as described by the School of Nursing. Submitting a request for a fee waiver does not guarantee its approval. Waivers are considered on an individual basis and will be processed in the order in which they are received. Please include the supporting materials with the Waiver Request Form. If you have any questions, please contact our office.

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Please do not include social security numbers in e-mails, attachments, or faxes.