

## Financial Aid Appeal Request Form

An appeal is a formal request to re-evaluate a family's financial aid package if you have experienced a change in your financial situation or are encountering special circumstances not already included in your application. Please review the following list of ineligible and eligible appeal circumstances.

Ineligible Appeal Circumstances	Eligible Appeal Circumstances
Consumer debt such as credit card debt	Loss of employment which has/will reduce your family's income from the amount received
High mortgage payments	One-time and non-recurring income/assets (e.g. severance package, etc.)
Home maintenance/construction	Medical expenses not previously reported on the CSS Profile
Currency devaluation for families residing abroad	Financial support for relatives not previously reported on the CSS Profile
Sibling enrollment in graduate school or a second bachelor's degree	New information regarding a sibling's college enrollment or primary/secondary school costs
Education loan repayment for student or student's siblings	Other (e.g. natural disaster, funeral expenses, etc.)

If your circumstances are eligible for an appeal, please carefully review the following sections for the circumstances that best reflects your family's current situation. Completed forms can be submitted by fax to 212-854-5353 or email to [ugrad-finaid@columbia.edu](mailto:ugrad-finaid@columbia.edu). Please DO NOT submit materials with sensitive information (SSN, date of birth, etc.) by email.

Student's Full Name: \_\_\_\_\_

Columbia ID#:   C   \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Need-based Award Letter Match

While it is not our policy to automatically match financial aid offers from other schools, we will review other need-based packages to determine if a change may be appropriate. Please note that we WILL NOT consider merit-based aid or athletic scholarships, as Columbia only provides need-based financial aid.

Is the aid awarded in the other school's letter need-based?                      Yes                      No

If yes, please provide the name of the institution(s): \_\_\_\_\_

### Change or Loss of Employment

\*Please be aware that our office will only review changes or loss of employment 90 days after they have occurred. Otherwise, families must wait until after 90 days to request a formal appeal for an award revision. Please visit our appeals website to submit written documentation of your family's previous or reduced employment: <https://cc-seas.financialaid.columbia.edu/appeals-process>.

Do any of the following circumstances apply to your family's change or loss of employment?

A change or loss due to a medical emergency or injury.

A change or loss due to a termination, downsizing, or relocation.

A change or loss due to the retirement of one or more income earners (please explain below).

None of the above circumstances apply to my request for a re-evaluation.

Does your family have copies of their most recently filed tax returns readily available?

Yes

No

Other (Please explain below)

Please provide any additional details about your family's employment changes below:

## One-time or Non-recurring Income

\*Please be aware that we do not adjust for variations in recurring bonuses.

Do any of the following circumstances apply to your family's one-time or non-recurring income/assets?

A large rollover distribution between retirement accounts.

A retirement-based distribution used to pay off financial expenses.

A one-time occupational bonus, contract, or severance package.

None of the above circumstances apply to my request for a re-evaluation.

Did you make a similar distribution on your most recently filed tax returns?

Yes

No

Other (Please explain below)

Please provide any additional details of your family's one-time income below:

## Unreported Medical Expenses

Do any of the following circumstances apply to your family's unreported medical expenses?

My family's unreported medical expenses after the CSS profile was completed

My family's unreported medical expenses exceed \$10,000 after insurance

My family anticipates similar medical expenses in future years.

None of the above circumstances apply to my request for a re-evaluation.

Were these medical expenses reported on your family's most recently filed tax returns?

Yes

No

Other (Please explain below)

Is your family able to provide documentation of these medical expenses?

Yes

No

Other (Please explain below)

Please provide any additional details of your family's unreported medical expenses below:

### Unreported Financial Support for Relatives

If your family financially supports relatives outside the members of your immediate household, please detail each relative's name, age, city of residence, and how much your family provides to them individually:

Family Member #1: \_\_\_\_\_

Family Member #2: \_\_\_\_\_

Family Member #3: \_\_\_\_\_

Family Member #4: \_\_\_\_\_

Family Member #5: \_\_\_\_\_

Family Member #6: \_\_\_\_\_

### Other (e.g. natural disaster, funeral expenses, etc.)

Please provide any additional details regarding your appeal request that require further explanation below:

Thank you for your request. An officer will contact you within the next 3-5 business days regarding the next steps of your appeal. Please be aware that an officer will contact you if any additional forms or documentation are required. Completed forms can be faxed to 212-854-5353 or emailed to [ugrad-finaid@columbia.edu](mailto:ugrad-finaid@columbia.edu). Please DO NOT submit materials with sensitive information (SSN, date of birth, etc.) by email.