



Columbia University  
Graduate School of Arts & Sciences

FINANCIAL  
FEE WAIVER REQUEST FORM

→ U.S. citizens or permanent residents who are currently enrolled in a college or university and who demonstrate financial need may be eligible for a fee waiver. To request a waiver, please complete this form and mail it with the required supporting materials to  
**Columbia University Graduate School of Arts and Sciences 535 West 116<sup>th</sup> Street 108 Low Library MC 4303 New York NY 10027.**

\_\_\_\_\_  
Last Name (Family/Surname)                      First Name (Given)                      Middle Name

\_\_\_\_\_  
Variations of Your Name on Official Records                      Date of Birth

\_\_\_\_\_  
Program of Study                      Degree                      Term

\_\_\_\_\_  
Telephone                      Email Address

Citizenship:  U.S.    U.S. Permanent Resident: \_\_\_\_\_  
Alien Number

I will provide financial information from one of the following sources:

A letter verifying my Estimated Family Contribution (EFC) signed by me and a financial aid officer at the institution I am currently attending

My Student Aid Report (SAR) for the 2010-2011 year, (available from the FAFSA website beginning January 1, 2010)

A copy of my most recent U.S. Income Tax Returns, Form 1040

My filing status is:  Dependent    Independent

**I CERTIFY THAT THE INFORMATION GIVEN BY ME ON THIS APPLICATION (INCLUDING ALL SUPPLEMENTARY PAGES) IS COMPLETE AND ACCURATE AND THAT ALL MATERIAL SUBMITTED AS MINE IS MY OWN, ORIGINAL WORK. I UNDERSTAND THAT WILLFUL MISREPRESENTATION OR FAILURE TO DISCLOSE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN THE CANCELLATION OF MY APPLICATION OR THE RESCINDING OF AN OFFER OF ADMISSION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SECTION IS FOR THE GRADUATE SCHOOL USE ONLY**

Pending      Date Notification Sent: \_\_\_\_\_

Approved    Denied      Date Notification Sent: \_\_\_\_\_

Authorized By: \_\_\_\_\_