

COLUMBIA UNIVERSITY

GRADUATE SCHOOL OF ARTS & SCIENCES
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107 Low Memorial Library
New York, NY 10027

OFFICE OF FINANCIAL AID
(212) 854-3808
FAX (212) 854-2863
gsas-finaid@columbia.edu

APPLICATION FOR LOANS AND/OR FEDERAL WORK-STUDY
2009-2010

Name: _____ CUID: _____
Local Address: _____ Telephone: _____
Permanent Address: _____ E-mail: _____
GSAS Dept _____
First Term of Registration: _____ Date Degree Anticipated: _____
Citizenship Status: ___ U.S. Citizen ___ Perm. Resident ___ International Student: Visa Status _____

REGISTRATION FOR THE 2009-2010 ACADEMIC YEAR (see Registration Categories)

Summer 2009: [] Number of credits: _____
Fall 2009 (check one) Spring 2010 (check one)
[] Residence Unit [] Residence Unit
[] 1/2 Residence Unit [] 1/2 Residence Unit
[] 1/4 Residence Unit (# of credits: _____) [] 1/4 Residence Unit (# of credits: _____)
[] Extended Residence [] Extended Residence
[] Matriculation & Facilities [] Matriculation & Facilities
[] LSMA students only: Number of credits: _____ [] LSMA students only: Number of credits: _____

INDICATE THE SOURCES OF FINANCIAL AID FOR WHICH YOU ARE APPLYING.

I am applying for: (check all that apply) Amount:
[] Federal Subsidized Stafford Loan \$ _____ NOTE: Changes to registration status from
Lender _____ full-time, to half-time, to part-time, may result
[] Federal Unsubsidized Stafford Loan \$ _____ in full or partial cancellation of both federal
Lender _____ and/or private loans.
[] Federal Graduate PLUS Loan \$ _____
Lender _____
http://www.columbia.edu/cu/sfs/docs/Grad_Fin_Aid/suggested_lenders/index.html
[] Federal Perkins Loan \$ _____
[] Columbia University International Student Loan \$ _____
[] Federal Work-Study Certification \$ _____
[] Other Loan (specify): _____ \$ _____
http://www.columbia.edu/cu/sfs/docs/Grad_Fin_Aid/suggested_lenders/index.html

[] I am completing this form as required by the terms of my teaching / research fellowship.
(If source of financial aid is checked, but amount is blank, the maximum eligibility will be assumed)

STUDENT'S SIGNATURE _____ DATE _____

PLEASE TURN OVER

PLEASE INDICATE OTHER SOURCES OF FINANCIAL AID YOU WILL RECEIVE.

<u>You will be receiving:</u>	<u>Check YES or NO:</u>	<u>Name of Fellowship:</u>
Columbia University Fellowship	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Outside Fellowship	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
FLAS Fellowship	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Javits Fellowship	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Teaching / Research Fellowship	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employee (or Spousal) Tuition Exemption	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATION OF SATISFACTORY ACADEMIC PROGRESS (Continuing Students Only)

TO BE COMPLETED BY THE CHAIR OF YOUR GSAS DEPARTMENT.

The student whose name appears on the front of this form is currently applying for US Federal student aid and therefore must be making satisfactory academic progress. These requirements include both a qualitative measure of the student's progress, such as a cumulative grade point average, and a quantitative measure, such as maximum time frame for completion, as determined by the Graduate School Bulletin. Please review your records and evaluate the student's progress towards his/her degree objective.

of RU's completed: _____ Anticipated degree date: _____ M.A. PhD

According to the above statement, do you consider this student to be making satisfactory academic progress? YES NO

Do you authorize this student to register for the 2009 – 2010 academic year? YES NO

Comments: _____

Chair's Signature: _____ Date: _____

Name (Please Print): _____