

# TEACHERS COLLEGE COLUMBIA UNIVERSITY

## Special Circumstance Budget Adjustment Form

**2024-2025 Academic Year**

Name: \_\_\_\_\_ TCID#: \_\_\_\_\_ Phone: \_\_\_\_\_

**Instructions:** Submit a signed letter/statement detailing your reason for a special circumstance adjustment request. Then, check and indicate items below for your budget adjustment request and provide the appropriate supporting documents.

**All necessary documentation must be received by the Office of Financial Aid before a review can occur.**

**Please check any item(s) for reconsideration below:**

<input type="checkbox"/> <b>Computer Purchase (\$2,000 maximum increase):</b> <ul style="list-style-type: none"> <li>• Provide proof of payment and/or receipts: <b>Payment must have been made during 2024-2025 AY.</b></li> <li>• One-time per academic year</li> </ul>
<input type="checkbox"/> <b>Housing (above monthly cost of \$2,022):</b> <ul style="list-style-type: none"> <li>• For students living off campus, please provide signed copy of lease/rental agreement</li> <li>• For students living on campus with additional expenses, such as utilities or family housing, please provide a copy of your housing contract as these costs may be considered in your COA.</li> </ul>
<input type="checkbox"/> <b>Transportation (above monthly allocated cost of \$132):</b> Attach all supporting documentation for additional transportation expenses. Required academic travel expenses are only considered with proof of approval from the academic department or faculty advisor. <b>Expenses such as car payments or car insurance will not be considered.</b> <ul style="list-style-type: none"> <li>• Provide proof of payment and/or receipts: <b>Payment must have been made during 2024-2025 AY.</b></li> </ul>
<input type="checkbox"/> <b>Child Care/Dependent Care Expenses:</b> This covers costs associated with day care or child care that were incurred during periods that only include class time, field work, and internships for students. <b>Tuition payments for private elementary or secondary schools do not qualify as dependent care.</b> Please provide the following documentation: <ul style="list-style-type: none"> <li>• Submit 2021 tax returns with dependents listed or official documentation of listed dependents</li> <li>• Documentation of all class schedules, fieldwork and internship commitment</li> <li>• Proof of payment and documentation from the childcare provider detailing the number of hours, per week the cost/rate charged of services: <b>Payment must have been made during 2024-2025 AY.</b></li> </ul>
<input type="checkbox"/> <b>Disability-Related Expense (\$4,000 maximum per year):</b> Students are permitted an adjustment to their cost of attendance for expenses associated with a student’s disability, including special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided by other agencies or covered by a third-party. <ul style="list-style-type: none"> <li>• Attach supporting documentation.</li> <li>• <b>Payment must have been made during 2024-2025 AY.</b></li> </ul>
<input type="checkbox"/> <b>Other Educational -Related Expenses</b> Please attach a written statement to your documentation explaining the reason(s) for your request.

Semester	Submission Deadline
Fall 2024	December 6, 2024
Spring 2025	April 11, 2025
Summer A 2025	May 31, 2025
Summer B 2025	July 23, 2025

**Student Certification:** I affirm that all the information and all attachments provided pertaining to this form are true and correct. I acknowledge that the submission of a budget adjustment form does not guarantee an adjustment to my COA. I also understand that if additional information is needed by the Office of Financial Aid to substantiate my request, it is my responsibility to provide it.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

