



Statement of Understanding for External Fellowship Awards

STUDENT NAME	Last:	First:	M <input type="checkbox"/>	F <input type="checkbox"/>
STUDENT PID	C00	STUDENT UNI	FIRST TERM OF GSAS REGISTRATION	
DOCTORAL PROGRAM				

Submit this form along with your external fellowship award letter to the GSAS Office of Financial Aid (107 Low Library or gsas-finaid@columbia.edu) by September 15 for fall semester and full-year awards, and by January 15 for spring semester awards.

DURATION OF AWARD (in semesters or years)	
NAME OF FUNDING ORGANIZATION	
AMOUNT OF STIPEND (per year) \$	AMOUNT OF TUITION (per year) \$
FEES OR ADDITIONAL AWARD AMOUNT (please specify use/purpose)	
\$	

Please read the GSAS External Fellowship Policy at gsas.columbia.edu/content/external-fellowship-policy.

In accordance with this policy, you may elect to:

- 1) replace your GSAS funding with the external award and therefore request a top-off;
- 2) extend your GSAS funding by up to one academic year and therefore receive no top-off; or
- 3) a combination of both.

Please indicate your choice(s) below:

<input type="checkbox"/> I wish to <u>replace</u> my GSAS funding with the external award and request a top-off for the following semester(s) or academic year(s): Fall <input type="text"/> Spring <input type="text"/> Academic Year <input type="text"/>	<input type="checkbox"/> I wish to <u>extend</u> my GSAS funding, and therefore receive <u>no</u> top-off for the following semester(s) or academic year in which my external award is used: Fall <input type="text"/> Spring <input type="text"/> Academic Year <input type="text"/>
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I certify that the information provided by me on this form is complete and accurate.

STUDENT SIGNATURE _____ DATE _____

DEPARTMENTAL ADMINISTRATOR SIGNATURE _____ PRINTED NAME _____ DATE _____

DATE RECEIVED BY OFFICE OF FINANCIAL AID _____