



This section should be completed by the student and submitted to the department or program.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
LOCAL MAILING ADDRESS:	UNI:	CUID/PID: <i>C00</i> <small>[refer to SSOL]</small>
	PHONE:	SEMESTER AND YEAR OF FIRST REGISTRATION IN GSAS:
M.A. PROGRAM:	EXPECTED DEGREE DATE	Month:                      Year:

- Please attach the following documents to this application:
- Research proposal for final thesis or project (with timetable)
  - Proposed budget

STUDENT SIGNATURE

DATE

If the student's application is approved, this section must be completed by the department or program.

DEPARTMENT OR PROGRAM'S CONTRIBUTION	\$
DEPARTMENT OR PROGRAM'S CHARTSTRING (TO BE CHARGED THE ABOVE AMOUNT)	

SIGNATURE OF DGS OR PROGRAM DIRECTOR

PRINTED NAME AND TITLE

DATE

Please submit this form, including the student's supporting documents, to:

GSAS Office of the Dean  
109 Low Library, MC 4306  
535 West 116th Street  
New York, NY 10027  
[gsas-dean@columbia.edu](mailto:gsas-dean@columbia.edu)

GSAS will consider applications until matching funds are exhausted for the academic year and following summer or until May 1, whichever is earlier.