



Financial Aid Office

2007-2008

New Student

Continuing Student

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Current E-mail Address: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Alternate Phone#: (\_\_\_\_) \_\_\_\_\_

Department/Concentration: \_\_\_\_\_

Degree Objective (Please check one):

MPH

MS

DrPh

Are you a Dual Degree Student? Yes  No

If yes with which school \_\_\_\_\_

Are you an Executive Program Student? Yes  No

*If yes, please enter 7.5 credits below*

*NOTE: For financial aid purposes, the academic year 2007-2008 is comprised of summer 2007, fall 2007, and spring 2008. If you are interested in financial aid for any other semester, please contact our office.*

Number of Credits to be Taken in the:

Summer 2007 \_\_\_\_\_ (MUST REGISTER FOR AT LEAST 6 CREDITS TO RECEIVE AID)

Fall 2007 \_\_\_\_\_ (MUST REGISTER FOR AT LEAST 6 CREDITS TO RECEIVE AID)

Spring 2008 \_\_\_\_\_ (MUST REGISTER FOR AT LEAST 6 CREDITS TO RECEIVE AID)

Anticipated Date of Graduation: \_\_\_\_\_



Columbia University  
MAILMAN SCHOOL  
OF PUBLIC HEALTH

**Your financial aid eligibility will be based upon your expected enrollment for the semester(s) above. Such eligibility may be adjusted if your actual enrollment differs from your estimates.**

Will you be receiving funds from any outside sources (e.g. Tuition reimbursement, Outside scholarships, etc.)?    Yes             No

If yes, please indicate amount and source \_\_\_\_\_

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**For Federal reporting purposes, please report on the 2007-08 FAFSA**

**Parent 2006 Adjusted Gross Income** \_\_\_\_\_

**Number of exemptions/size of household** \_\_\_\_\_

**The above questions will not be used to determine your financial aid package.**

Sign Name Here \_\_\_\_\_

Print Name Here \_\_\_\_\_

Please fax or return form to:

**Financial Aid Office**  
Mailman School of Public Health  
722 West 168 Street, Suite 1030  
New York, NY 10032  
Fax: (212) 342-1861