



ACADEMIC YEAR 2025-26

PLANNED ENROLLMENT FORM

PLEASE COMPLETE 1 SECTION

Doctor of Occupational Therapy Program:

Our Student Budget assumes you will register for 6 points per term. Your academic year encompasses Fall, Spring and Summer. If you register for a different number of points we have to adjust the tuition charge in your budget. It may affect your maximum loan eligibility.

Please indicate below your plan for the 2025-26 Academic Year:

Please indicate number of points

Fall _____

Spring _____

Summer _____

Master of Science Occupational Therapy Program:

Three-Year Option – Students who have elected to take the three-year option will always pay tuition at a ‘per point rate’ (not a flat rate). Since we will need to reflect an accurate tuition charge in your student budget, please indicate below your plan for the 2025-26 Academic Year:

Please indicate number of points

Fall _____

Spring _____

Summer _____

Name: _____

Uni: _____ Date: _____

OFFICE OF STUDENT FINANCIAL AID & PLANNING
COLUMBIA UNIVERSITY VAGELOS COLLEGE OF PHYSICIANS AND SURGEONS
COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE

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