

Columbia University

Vagelos College of Physicians & Surgeons

2026-2027 Financial Aid Disclosure Form – Medical Students

The purpose of this document is to ensure that financial aid recipients have read and understand the parameters pertaining to their financial aid offer. Please note, additional information pertaining to some statements below can be found in the [MD Financial Aid Handbook](#). The handbook is updated annually and is posted on the Office of Student Financial Aid & Planning Financial Aid (SFA&P) [website](#). If any questions remain after reading/reviewing the statements below, contact the SFA&P at 212 305 4100, or cumc-sfp@cumc.columbia.edu before you sign and return this form.

I understand that I am responsible for:

- Reading and being familiar with the content of the ***MD Financial Aid Handbook***.
- Understanding that I must apply for financial aid each year. I realize that failure to apply in a timely fashion may result in a reduction in need-based institutional financial aid and, if my aid pays more than my semester tuition and fees, a delay in receiving a refund to assist with living expenses, and/or a late fee being applied to my student account.
- **Understanding that parent, student, and spouse (if applicable) contributions may vary from year to year, so my need-based scholarship aid can also vary each year.**

Some factors that may cause the amount of aid to vary:

- ✓ **A sibling or spouse either has enrolled or is no longer enrolled full-time in college or graduate school**
- ✓ **My family's financial situation has changed**
- ✓ **My marital status has changed**

The amount of my need-based aid is NOT guaranteed from year to year.

- Being aware that I may need to submit various documents as requested by the Office of Student Financial Aid & Planning to verify the information on the Free Application for Federal Student Aid (FAFSA) and CSS Profile, and this verification may change the amount of my need-based scholarship.
- Being aware that I must maintain satisfactory academic progress at the Vagelos College of Physicians & Surgeons to retain financial aid resources offered. Details pertaining to academic progress can be found [here](#).

- Being aware that many financial aid resources require full-time enrollment status to maintain eligibility:
 - I understand that if I drop below full-time enrollment, my need based financial aid may be decreased or eliminated.
 - I understand that if I have Federal Direct Loans and drop below full-time enrollment but am enrolled at least 1/2 time my Federal Direct loan(s) will be pro-rated.
- Understanding that in the event that I am offered a named scholarship, I may be asked to write a personal letter thanking the donor for their support and attend a donor appreciation dinner. Also, my name, Columbia ID number, and email address will be provided to the V&S Development Office.
- Understanding that it is my obligation to notify the Financial Aid Office if I receive additional assistance from non-University based sources.
- Understanding that in the event that I receive additional assistance from non- VP &S based sources, that my VP&S need- based scholarship aid may be reduced since the total of all my financial aid may not exceed the cost of attendance.
- Understanding the billing process and making appropriate arrangements with [the Office of Student Financial Services](#) to pay the mandatory tuition and fees that may exceed scholarship resources (and loans, if applicable).
- Understanding that I need to submit a [Financial Aid Acceptance Form](#) to either accept or decline the financial aid offered.

Student Signature: _____

Date: _____

Student Name: (please print clearly)

Please retain one copy for your records. Your need based financial aid (and Federal Direct Loans, if applicable) will not be applied to your student account and will not appear on your billing statement until we are in receipt of this form, including required signature.