



A Graduate School of Education, Health & Psychology

2026-2027 Scholarship Redistribution Form

Student Name: _____

TCID: _____

Academic Dept: _____

Phone: _____

Instructions: Complete this form **only** if you would like to reallocate your scholarship aid for the academic year. Please note that scholarship aid received through tuition exemption (e.g., administrative fellow and/or research or teaching assistantships) as well as stipend aid **cannot** be reallocated to another semester within the academic year. Additionally, scholarship aid cannot be reallocated to another academic year.

Scholarship Name	Total Scholarship Award Amount	Amount Requested for Fall 2026	Amount Requested for Spring 2027	Amount Requested for Summer 2027
<i>Example: Founders' Award</i>	\$10,000	\$7,000	\$3,000	\$0

Note: Please refer to your financial aid awards in your student portal when completing this form and enter the exact scholarship name, total amount of the award, and how you would like this award split between each semester. The total amounts per semester cannot exceed your total scholarship offer amount.

Do you receive tuition exemption as a result of on-campus employment through Teachers College or any Columbia University affiliate during the 2026-2027 academic year?

☐ Yes (indicate amount: _____ and semester: _____) or ☐ No

Please review our scholarship terms and conditions, which is available on our website, before submitting this form to ensure you understand the terms associated with your scholarship aid offer. Our Financial Aid team is also available to assist you with planning or to address any inquiries related to your scholarship aid allocations.

My signature gives the Office of Financial Aid permission to adjust my awards based on the above information.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Processor/Date