

University of Central Missouri  
Student Financial Services  
P.O. Box 800  
Warrensburg, MO 64093-5178

Phone 660-543-8266  
FAX 660-543-8080  
Webpage: [www.ucmo.edu/sfs](http://www.ucmo.edu/sfs)  
Documents Only Email:  
financialassistance@ucmo.edu

## Request to Receive Financial Aid to Attend a School Other than UCM (Consortium Agreement)

UCM use only

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MAR 20, 2024

CONSI

To: **Academic Advisor, Faculty Advisor, or Internship Director**

From: \_\_\_\_\_ 700 \_\_\_\_\_  
Student's Name (please print) UCM ID Number

I wish to receive financial aid to help pay the educational and living expenses I will incur to enroll for one or more classes at a college, university, or educational institution **other than UCM**. I am submitting this request because **unique or special circumstances** exist that prevent me from enrolling (or make it very difficult for me to enroll) in the following class(es) at UCM.

College, university, or school I plan to attend: \_\_\_\_\_

City and State: \_\_\_\_\_

Course Number, Title, and Description of class(es) to be completed (**be specific**):

\_\_\_\_\_  
Online:  
\_\_\_\_\_  
Online:  
\_\_\_\_\_  
Online:  
\_\_\_\_\_  
Online:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ of classes

My address (if known) during the above period will be: \_\_\_\_\_

\_\_\_\_\_

**Student Statement (Required)**

Following is the primary reason (please be specific!) I **must** attend one or more classes at a college, university, or educational institution **other than UCM**. In accordance with federal financial aid regulations, I understand the UCM Student Financial Services staff **may or may not** be able to approve my request.

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(continue on a separate page, if necessary.)

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Before submitting this document to the Office of Student Financial Services, you must obtain the following approval.**

I **approve** of this student's plan to attend a college, university, or educational institution other than UCM. (S)he intends to complete and earn \_\_\_\_\_ credit hours, **all** of which will apply toward completion of his/her UCM degree requirements. I believe this student's intended coursework at another school represents a necessary, valuable, and/or complementary component of the academic program (s)he is pursuing at UCM.

Comments/Clarification: \_\_\_\_\_

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Signature of **UCM Academic Advisor or Faculty Advisor** \_\_\_\_\_

Date \_\_\_\_\_

Complete and submit this document to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).