

University of Central Missouri
Student Financial Services
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Warrensburg, MO 64093-5178

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On-line: www.ucmo.edu/contactsfs
Webpage: www.ucmo.edu/sfs
Documents Only Email:
financialassistance@ucmo.edu

Appeal

Cost-of-Attendance Increase

UCM Office use only

EXPEN 24/25

_____ 700 _____
Student's Name (please print) UCM ID Number

Enrollment Period (check only one):

2024/25 9-Month School Year 2024 Fall Semester 2025 Spring Semester 2025 Summer Session

The following circumstance(s) apply to my situation (mark one or more):

___ **Higher-than-normal tuition and fee charges.** Explain below.

___ **Books and supplies.** Explain below. You **must** submit photocopies of documentation (receipts) verifying your higher-than-normal costs.

___ **Transportation and travel.** Explain below. You **must** provide documentation.

___ **Childcare.** You **must** provide documentation of expenses and child(ren) names and ages from the daycare provider with his/her signature.

___ Are you or do you anticipate receiving outside assistance (such as DFS, Head Start, or Voc Rehab) for childcare? [] **No** [] **Yes**, I expect to receive \$_____ from _____.
Amount Agency

Explanation of Circumstances. Be sure to include the amount of **additional** assistance you wish to be offered.

(Continue on next page or attach a signed statement to this form.)

Please proceed to Page 2 ...

