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

Phone 660-543-8266 FAX 660-543-8080 Webpage: <u>www.ucmo.edu/sfs</u> Documents Only Email: financialassistance@ucmo.edu

## Program of Study Verification

	UCM	1 use	only	/	

PROG24



You <u>DO NOT</u> need to complete or submit this form if you are awaiting acceptance into a GRADUATE degree program. Student Financial Services will be notified automatically upon your acceptance or denial and will update the requirement on your MyCentral.

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Student	t's Name (please print)	UCM ID Number			
		RMATION AND REQUIRED DOCUMENTS DING OF YOUR FINANCIAL AID.			
Please	e check the box below that best matches ye	our situation:			
	I've been <b>fully admitted</b> by UCM to pursue	e my 1st bachelors degree, beginning with the			
	• • •	ective is a Bachelor of			
		ursue a <b>2nd bachelors degree</b> , beginning with the			
		objective is a Bachelor of			
		e is:			
		C 13			
	•				
	I have been <b>fully admitted</b> by UCM to purs Semester, 20	sue a <b>teacher certification</b> program, beginning with the			
	The subject area I'll be certified to teach is_				
	I am enrolling for <b>prerequisite</b> classes requi	ired to be admitted to a UCM <b>graduate</b> degree.			
	I am enrolling as a <b>visiting</b> or <b>special</b> student and have <b>not</b> been fully admitted to a UCM degree or teaching certificate program.				
	I have not yet completed my high school of	legree, but will finish this degree in			
	I have decided <b>not to attend</b> the University	of Central Missouri.			
Student	t's Signature	Date			

Complete and submit this form (and the required documents) 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).